HEALTH & HEALTH CARE OF THE MEDICARE POPULATION

DATA FROM THE 1992 MEDICARE CURRENT BENEFICIARY SURVEY

By Mary A. Laschober and Gary L. Olin

Prepared By Westat Inc.

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1 INTRODUCTION AND HIGHLIGHTS OF FINDINGS

Health and Health Care of the Medicare Population showcases data from a major new source of information about Medicare beneficiaries—the Medicare Current Beneficiary Survey (MCBS). The MCBS is a continuous, multipurpose survey of a nationally representative sample of approximately 14,500 aged and disabled persons eligible for Medicare. The survey is sponsored by the Health Care Financing Administration (HCFA), under the general direction of its Office of the Actuary. During the first 10 years of the survey, data are being collected through contracts with Westat, Inc., a survey research organization with offices in Rockville, Maryland.

The MCBS is the only comprehensive source of information on the health, health care, and socioeconomic and demographic characteristics of aged, disabled, and institutionalized Medicare beneficiaries. Data from the MCBS are released to the public in annual "access to care" and "cost and use" files. The Access to Care public use files (PUFs), available for calendar years 1991 through 1995, contain information on beneficiary access to medical providers, satisfaction with health care, health status and functioning, demographic characteristics, and Medicare program expenditures for beneficiaries who were enrolled in Medicare for the entire calendar year and living in households (referred to as community settings in the sourcebook). This sourcebook draws on data in the Access to Care files, as well as data in the 1992 Cost and Use PUF—the first in an annual series of files that HCFA will be releasing on the Medicare population's total health care service use, expenses, and sources of financing. The Cost and Use files contain information on personal health care expenditures and payment sources for all beneficiaries who were eligible for Medicare at any time in 1992.[1]

HCFA designed the MCBS to be an essential tool in its effort to monitor and evaluate the Medicare program. MCBS data will aid in further analyses of Medicare program changes that have occurred over the past two decades, including implementation of the Prospective Payment System for inpatient hospital care, new payment methods for skilled nursing facilities, limits on reimbursements to home health agencies, and physician payment reform initiatives. In addition, HCFA is currently expanding options for beneficiaries who wish to join health maintenance organizations and other types of managed care plans. The Access to Care and Cost and Use files can be used to analyze the impact of these legislative, regulatory, and market changes on the Medicare population.

Although the Medicare program covers a segment of the population that consumes about one-third of the Nation's health care dollar, information on Medicare beneficiaries was fragmented and incomplete before HCFA launched the MCBS in 1991. Much of the new information from the MCBS has been incorporated into the Access to Care PUFs. Policymakers and analysts have been using these files to fill gaps in knowledge about the health status of Medicare beneficiaries and to assess the impact of new Medicare policies on beneficiaries. For example, the Access to Care PUFs are a source of information about the extent to which Medicare beneficiaries and vulnerable subpopulations—such as the oldest old, the disabled, the near-poor elderly, and Medicaid dual eligibles—have been affected by the Medicare physician payment reforms implemented in 1992.

Cost and Use PUFs provide important additional information about the Medicare population. The 1992 file includes a representative sample of beneficiaries living in both communities and long-term care institutions, their personal health care expenditures on Medicare-covered and noncovered services, and sources of payment for each type of service. The sample reflects a cross-section of all persons entitled to Medicare in 1992, encompassing beneficiaries who were enrolled in Medicare for all or part of the year, as well as beneficiaries who died during the year. Personal health care expenditures are reported for all types of health care services, including prescription drugs, dental visits, hearing aids, eyeglasses, long-term

[1] The Cost and Use files include similar information as the Access to Core PUFs on beneficiary demographics and perceived health status and functioning, but do not contain access or satisfaction with care data. However, the Cost and Use files provide more detailed information on beneficiary annual health insurance coverage and income than the Access to Care PUFs. See Adler (1994) and Appendix A in this sourcebook for additional information about the design of the MCBS, survey methods and data collection processes, and types of data available from the survey.

care in facilities, and other services not typically covered by Medicare. The files also contain information on supplemental health insurance to show who paid for the services, i.e., households, businesses, or public programs such as Medicare and Medicaid.

The MCBS Access to Care and Cost and Use files can be used separately, or in combination, to analyze issues related to the Medicare program, and to the health and health care of Medicare beneficiaries. Individual files can be used for cross-sectional analyses of the Medicare population, or they can be linked to provide longitudinal information on personal health care expenditures and changes in health status, ability to function, and sources of care. This first volume of *Health and Health Care of the Medicare Population* presents baseline MCBS data on characteristics of Medicare beneficiaries and their experience with the health care system. Chapter 2 provides an overview of the Medicare population, touching on their demographic and socioeconomic characteristics, selected indicators of access to and satisfaction with health care services, and personal health care expenditures. Chapter 3 examines personal health care spending by the Medicare population in more detail, highlighting expenditures by type of service and source of funding. Chapter 4 investigates the characteristics of high-cost users of health care services in the Medicare population, focusing on such features as beneficiary health, Medicare eligibility status, demographic and socioeconomic attributes, and the use of Medicare covered and non-covered services. Chapter 5 presents a compilation of data from the 1992 public use files, with detailed tables on the characteristics of the Medicare population; health status and functioning; use, cost, and sources of payment for health care services; and, indicators of access to and satisfaction with care.

The individual chapters and detailed tables in this sourcebook demonstrate the broad range of health care information available from the MCBS. The content and structure of the detailed tables will remain relatively constant in future sourcebooks—planned as an annual series—with minor changes to accommodate longitudinal data. Individual chapters will change from year to year. The following section highlights findings from chapters 2 through 4.

HIGHLIGHTS OF FINDINGS

A Snapshot of the Medicare Population, Chapter 2

- The Medicare population reflects the demographic composition of the general population, as well as gender- and race-specific differences in life expectancy at birth. About 57 percent of the Medicare population is female, and 84 percent of all beneficiaries reported their race as white, non-Hispanic in 1992. The predominance of females and non-Hispanic whites is even more pronounced in older cohorts of Medicare beneficiaries.

- Nearly 95 percent of the Medicare population lived in communities for all or part of 1992, while the other 5 percent lived in long-term care facilities. Of the community residents, non-Hispanic white beneficiaries were more likely to live with a spouse and less likely to live with others than beneficiaries in other race or ethnic groups. Non-Hispanic black beneficiaries were more likely to live with others and less likely to live with a spouse than beneficiaries in other race or ethnic groups.

- The distribution of income reported by Medicare beneficiaries is highly skewed. Nearly 17 percent of the population had incomes of $30,000 or more, accounting for about 48 percent of the total income reported by all beneficiaries. At the other extreme, nearly 8 percent of the aged and disabled had incomes of less than $5,000, accounting for only slightly more than 1 percent of total beneficiary income.

- Well-educated beneficiaries reported significantly higher levels of income than their less well-educated counterparts. In 1992, the

average income of beneficiaries with 16 or more years of education was more than two and one-half times that of beneficiaries with fewer than 9 years of education.

- Many beneficiaries appear to be in good health, with more than 55 percent of the population reporting no functional limitations of any kind in 1992. Health problems increase with age, and are more prevalent among disabled beneficiaries.

- Beneficiaries living in communities seem to be generally satisfied with their health care in terms of overall quality, availability of care, ease of getting to a doctor, and out-of-pocket costs. However, disabled beneficiaries and other vulnerable subpopulations expressed less satisfaction with their health care than the overall population.

Health Care Expenditures by the Aged and Disabled, Chapter 3

- In 1992, Medicare beneficiaries had personal health care expenditures of $247 billion, or about one-third of all health care expenditures in the U.S. Per capita expenditures on health care by the Medicare population were $6,716, compared to $2,159 by persons not on Medicare.

- Medicare and Medicaid paid two-thirds of the cost of health care for the Medicare population, with Medicare picking up 53 percent of the total. Private insurance paid for 10 percent of beneficiary health care expenditures, and households financed 20 percent of their medical bills through out-of-pocket payments to health care providers.

- Inpatient and outpatient hospital care accounted for nearly 41 percent of all health care dollars spent by the elderly and disabled in 1992. Long-term care in facilities constituted the second-largest expense category (24 percent), followed by physician/supplier services (23 percent).

- Although Medicare paid most charges for hospital, hospice, home health, and physician/supplier services, Medicaid paid over 50 percent of the cost of care in long-term care facilities. In addition, private insurance and households paid nearly 95 percent of the cost of dental care, 84 percent of prescription drugs, and over 30 percent of the cost of long-term facility care, physician/supplier services, and outpatient hospital services.

- Per capita health care expenditures for Medicare beneficiaries ranged from $5,054 for beneficiaries in communities to $30,808 for beneficiaries in long-term care facilities. Much of the difference is due to room and board charges for long-term care in facilities, but facility residents also had higher than average expenses for hospital services and other medical care.

- As would be expected, beneficiaries in relatively poor health account for a disproportionate share of health care spending by the Medicare population. The 16 percent of the population reporting excellent health in 1992 accounted for less than 8 percent of total health care expenditures by the Medicare population. In contrast, the 10 percent of the population reporting poor health accounted for nearly 21 percent of the total.

- Beneficiaries with supplemental insurance, such as Medigap coverage, employer-sponsored private insurance, or Medicaid, spent two to three times as much on average for their health care as beneficiaries who had only Medicare fee-for-service coverage.

High-Cost Users of Health Care Services Within the Medicare Population, Chapter 4

- Health care expenditures are highly concentrated within the Medicare population. One percent of beneficiaries accounted for

11 percent of total health care expenditures by the Medicare population in 1992, and for 16 percent of Medicare program payments. Ten percent of beneficiaries accounted for 53 percent of total health care spending by the Medicare population.

- High-cost users (defined as beneficiaries with more than the average health care expenditure of $6,716 in 1992) and the highest-cost users (defined as beneficiaries in the top 5 percent of the expenditure distribution) were disproportionately persons with long-term care facility stays. About 92 percent of Medicare beneficiaries who resided in long-term care facilities during all or part of 1992 fell within the high- or highest-cost groups, compared with only 18 percent of those who resided in community settings during all of 1992.

- Payments by source vary considerably among the cost groups. Medicare paid 33 percent of health care expenditures for beneficiaries in the low-cost group (defined as persons with less than the average health care expenditure of $6,716 in 1992), compared to 59 percent for beneficiaries in the high-cost group and 53 percent for beneficiaries in the highest-cost group. In contrast, private insurance and households financed 60 percent of the health care expenses for the low-cost group, 29 percent for the high-cost group, and 24 percent for the highest-cost group.

- As would be expected, health care expenditures reflect health care needs. Only one-fourth of community residents included in the low-cost group of beneficiaries reported themselves as being in fair or poor health, as contrasted with nearly two-thirds of the highest-cost group of beneficiaries. Moreover, 29 percent of community residents with no health care expenditures in 1992, and 64 percent of low-cost users, reported having two or more chronic conditions, compared with 83 percent of the high- or highest-cost users.

- Beneficiaries with end-stage renal disease (ESRD) were disproportionately represented in the highest-cost group, constituting less than 1 percent of beneficiaries living in community settings in 1992 but over 12 percent of the highest-cost group. Disabled beneficiaries were also over-represented in the highest-cost group. Average health care expenditures for disabled beneficiaries residing in communities were not markedly higher than expenditures for aged beneficiaries, however.

- Beneficiaries in their last year of life tended to be high-cost users of medical services. Of community residents, 15 percent of those who died during 1992, but only 2 percent of beneficiaries alive at the end of 1992, were included in the highest-cost group.

- Beneficiaries with supplemental insurance had greater health care expenditures than beneficiaries with only Medicare fee-for-service coverage, regardless of their reported health status. Beneficiaries who were dually eligible for Medicare and Medicaid coverage were most likely to be in the two high-cost groups.

- Age influenced the level of health care spending, but other demographic factors that were examined did not. Personal health care expenditures for beneficiaries age 85 years and older were substantially higher than for beneficiaries age 65 to 74 years, primarily due to the much higher percentage of the oldest old who lived in long-term care facilities in 1992. Race and ethnicity did not appear to influence whether a beneficiary was included in the two high-cost groups, nor did gender or living arrangement for community residents.

2 A SNAPSHOT OF THE MEDICARE POPULATION

Medicare was enacted in 1965 to help the elderly meet their needs for acute health care. The legislation created a national health insurance program for persons age 65 and over in order to improve their access to hospitals and physicians, and to limit their financial burden. In 1972, the program was expanded to include persons under the age of 65 who meet certain disability criteria or have chronic kidney disease. Disabled persons become eligible for Medicare after a two-year waiting period if they have been receiving monthly Social Security disability payments or are disabled railroad retirement system annuitants. Most persons with end-stage renal disease (ESRD), i.e., individuals who need a kidney transplant or renal dialysis because of chronic kidney disease, also are eligible for Medicare (Committee on Ways and Means (Green Book), 1993).

The Medicare program consists of Part A hospital insurance and Part B supplementary medical insurance. Part A hospital insurance is automatically provided at no cost to beneficiaries who are eligible for monthly Social Security or railroad retirement benefits, and to Federal Government employees who qualify through mandatory payroll tax payments into the Medicare Trust Fund. Elderly persons who do not automatically qualify for Part A benefits can buy into the program by paying a monthly Part A premium. Benefits include extensive coverage of short-term hospital care and limited coverage of post-acute skilled nursing facility care. Part A also covers hospice and home health care.

Part B supplementary medical insurance for physician and other medical provider services is optional. All persons age 65 or over can enroll in Part B by paying a monthly premium. Beneficiaries who qualify for Part A insurance on the basis of disability or ESRD also are eligible to enroll in Part B of Medicare. The benefit package covers physician and other medical supplier services related to acute care. Part B was not intended to cover medical goods and services such as prescription drugs, routine physical examinations, eye glasses, hearing aids, dental care, or long-term care in facilities. However, beneficiaries enrolled in Medicare risk health maintenance organizations (HMOs) may receive some of these benefits as part of their basic benefits package or as supplemental benefits.

Program administration is provided by the Health Care Financing Administration (HCFA) of the U.S. Department of Health and Human Services. HCFA estimates that about 97 percent of the elderly in the U.S. have Medicare Part A or Part B or both (U.S. Department of Health and Human Services, 1996). In addition, several million persons under the age of 65 qualify for Medicare on the basis of disability or ESRD. The number of disabled beneficiaries fluctuates because eligibility for Social Security disability insurance is subject to change by the U.S. Congress (Davis and O'Brien, 1996).

This chapter provides an overview of the population covered by Medicare in 1992. It contains statistics on selected characteristics of aged and disabled beneficiaries who were in the program for all or part of the year. More comprehensive information on the Medicare population is provided in the detailed tables in Chapter 5.

Demographic characteristics

The 1992 MCBS represents about 36.8 million aged, disabled, and ESRD beneficiaries. Most beneficiaries qualified for Medicare on the basis of age (89.8 percent), while the remaining beneficiaries were either disabled (9.7 percent) or had ESRD (0.5 percent). About 57 percent of the Medicare population is female, and 84 percent of all beneficiaries reported their race as white, non-Hispanic. The demographic makeup of the Medicare population is partly a reflection of the current composition of the general population. In 1990, the U.S. noninstitutionalized population was 75.7 percent non-Hispanic white, 12.4 percent black, 8.6 percent Hispanic of any race, and 3.3 percent other races. Females comprised 51 percent of the population (U.S. Bureau of the Census, 1991).

The demographic composition of the Medicare population also reflects gender- and race-specific differences in life expectancy at birth.[1] Among persons born in 1950, for example, females were expected to live six and one-half years longer than males, and non-Hispanic white males to live seven and one-half years longer than non-Hispanic black males (U.S. Bureau of the Census, 1996). Gender- and race-specific differences in life expectancy have persisted over time even though life expectancy has been increasing for all groups.

The effect of gender-specific differences in life expectancy at birth on the composition of the Medicare population can be seen in Figure 1, which shows the proportion of female beneficiaries within different age groups in 1992. The data show a stepwise pattern in the percent of females in each age group. About 55 percent of all beneficiaries age 65 to 74 were female, and the proportion grew to nearly 72 percent in the oldest age group (age 85 and older). The only age group in which females were a minority is the disabled population under age 65. This group was predominantly male, in part because male workers are more likely than females to be insured for disability benefits under the Social Security Disability Insurance program (U.S. Department of Health and Human Services, 1996).

Figure 1 Distribution of Female Medicare Beneficiaries by Age Group, 1992

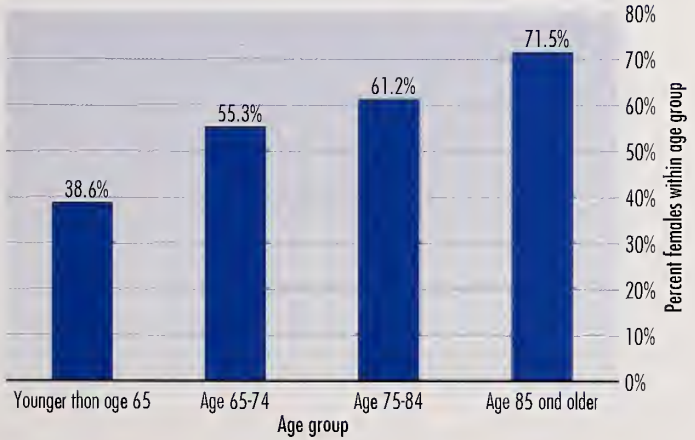


Figure 2 Distribution of the Medicare Population by Age and Race or Ethnicity, 1992

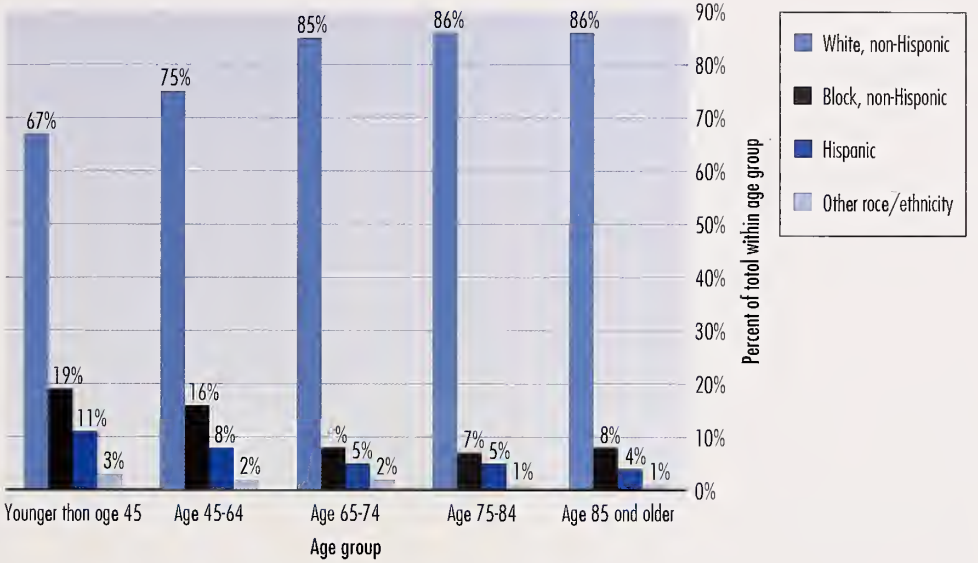
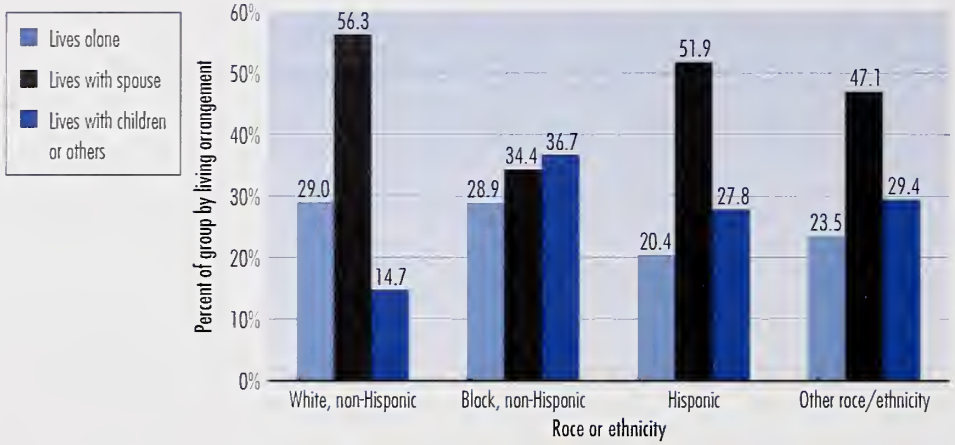


Figure 2 highlights the effect of race-specific differences in life expectancy at birth on the composition of the Medicare population. In 1992, the racial and ethnic mix of the 36.8 million beneficiaries represented in the MCBS was 84.2 percent non-Hispanic white, 8.9 percent non-Hispanic black, 5.2 percent Hispanic of any race, and 1.7 percent other race/ethnicity. The distribution of racial and ethnic groups varies with age, with non-Hispanic white beneficiaries becoming increasingly predominant in the older age groups. Non-Hispanic whites dominate these groups because they make up a large proportion of the U.S. population, and have a better chance of survival to age 65 than other groups (U.S. Bureau of the Census, 1996).

[1] Life expectancy at birth is defined as the average number of years a person is expected to live given the age-specific mortality rates of a specified year or period. For example, a black female born in 1991 would have a life expectancy of 74 years, as opposed to 63 years if she had been born in 1950.

Figure 3 Living Arrangements of Medicare Beneficiaries Residing in Community Settings, by Race or Ethnicity, 1992



Nearly 95 percent of the Medicare population resided in household units (i.e., community settings) for all or part of 1992, while the remaining 5 percent resided in long-term care facilities. Beneficiaries who lived in community settings had a variety of living arrangements. Some lived alone, others with their spouses, and still others with their children or other persons. The type of living arrangement tends to vary by race and ethnic group. Figure 3 shows the distribution of beneficiaries by race/ethnicity and type of living arrangement. Non-Hispanic white beneficiaries were more likely to live with a spouse and less likely to live with others, in comparison to beneficiaries in other race/ethnic groups. Non-Hispanic black beneficiaries, on the other hand, were more likely to live with others and less likely to live with spouses than beneficiaries in other race or ethnic groups.

Economic characteristics

Poverty was a problem for a significant number of elderly in the late 1950s and early 1960s. One-third of the noninstitutionalized population age 65 or older lived in poverty in 1959.[2] Since then, the financial situation of elderly persons in the U.S. has improved substantially. Between 1966 and 1991, the proportion of the noninstitutionalized population age 65 years or older in poverty decreased from 26.4 percent to 11.0 percent, based on the official Federal measure of poverty (U.S. Bureau of the Census, 1995).[3]

The financial situation of the entire Medicare population—aged, disabled, and institutionalized—can be assessed with data from the MCBS.[4] Income from all sources (e.g., jobs, pensions, annuities, savings, rental property, investments, and business activities) is reported for the beneficiary, or the beneficiary and spouse if married in 1992. In 1992, noninstitutionalized beneficiaries had a mean income of $18,800 and a median income of $12,100. Beneficiaries in long-term care facilities had mean and median incomes of $10,200 and $7,000, respectively.

Figure 4 shows the distribution of Medicare beneficiaries by income category and their share of the total income reported by beneficiaries in all income categories. As in the general population, income is unequally distributed among Medicare beneficiaries. Nearly 17 percent of the aged and disabled reported incomes of $30,000 or more, accounting for nearly 48 percent of the total income reported by all beneficiaries. At the other extreme, nearly 8 percent of the aged and disabled reported incomes of less than $5,000, accounting for only slightly more than 1 percent of total beneficiary income. Income is most evenly distributed among beneficiaries in the $15,000 to $24,999 categories, with about 22 percent of the Medicare population accounting for 22 percent of the total income reported by Medicare beneficiaries.

The level of an individual's income has been related to a host of factors including age, gender, marital status, education, race, living arrangement, work history, and current occupation. These factors are used in human capital theory to explain wage and salary differentials, but they also are likely to play a role in determining the

[2] The noninstitutionalized population corresponds to community residents in the MCBS.

[3] The Federal Government produces annual poverty thresholds in order to assess change over time in the economic well-being of persons and families in the U.S. In 1992, the poverty threshold for one person age 65 or older was $6,729. For a two-person family headed by a householder age 65 or older, the threshold was $8,487.

[4] Income statistics from the MCBS may not be completely comparable to data from other sources such as the Current Population Survey (CPS) and Survey of Income and Program Participation (SIPP). The CPS and SIPP collect information on the income of all family members living in a household. The MCBS, on the other hand, limits income data to the beneficiary, and spouse if married, regardless of whether other family members are present in the household.

income of Medicare beneficiaries who, in most instances, are no longer in the work force. In particular, marital status is important because married couple households are likely to have more sources of income than single persons. Education is important because of its effect on lifetime earnings and the economic well-being of a person or household members.

Figure 4 Distribution of Medicare Beneficiaries and Income, 1992

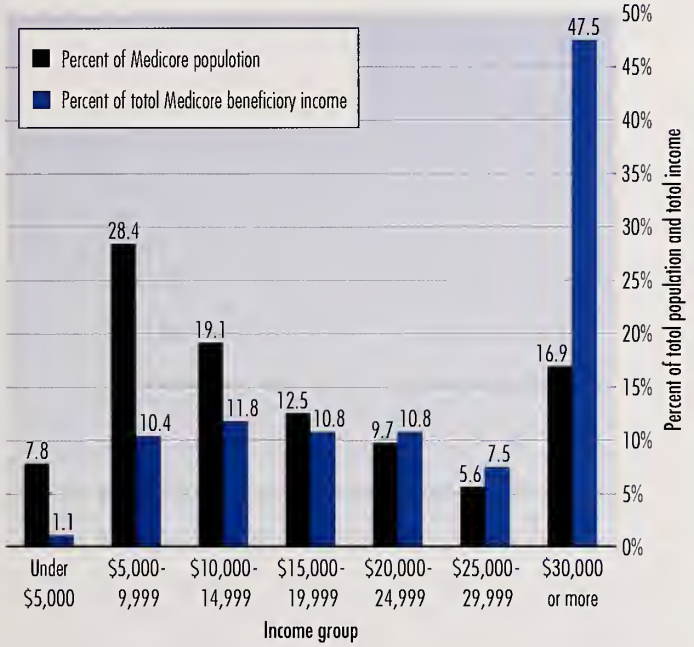


Figure 5 illustrates the relationship between education and income reported by elderly and disabled beneficiaries in 1992. Average income increased with the level of education, with the best educated beneficiaries reporting sharply higher incomes than their less well-educated counterparts. Beneficiaries who had 16 or more years of education reported more than two and one-half times as much income as beneficiaries with fewer than 9 years of education. This

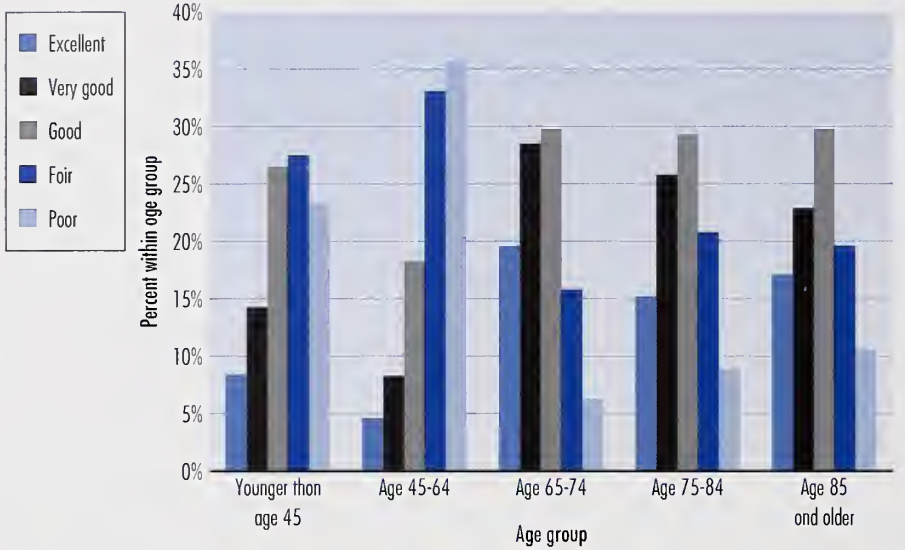
Figure 5 Mean Income of Medicare Beneficiaries, by Marital Status and Educational Achievement, 1992

relationship held for both single beneficiaries ($23,923 vs. $9,187) and married beneficiaries ($44,871 versus $16,146). As expected, married beneficiaries have about twice the income of single beneficiaries, primarily because income for the spouse cannot be separated from the beneficiary's income in the MCBS.

The income levels and distributions reported in the MCBS should be used cautiously in assessing the economic well-being of Medicare beneficiaries. Even though a large percentage of aged and disabled beneficiaries have relatively little income, their financial status may be better than indicated because the economic well-being of a person or family depends on both income and accumulated assets (wealth). Wealth is particularly important for the elderly, who tend to have lower incomes after retirement and higher holdings of assets than other age groups. Data from the 1990 Panel of the Survey of Income and Program Participation, for example, show wealth increasing with the age of householders, with median net worth, including home equity, reaching $88,192 for "elderly households" headed by persons age 65 and over in 1991 (Eller, 1994).[5]

[5] Net worth is defined as total assets minus total liabilities.

Figure 6 Self-Assessed Health of Medicare Beneficiaries Living in Communities, by Age Group, 1992



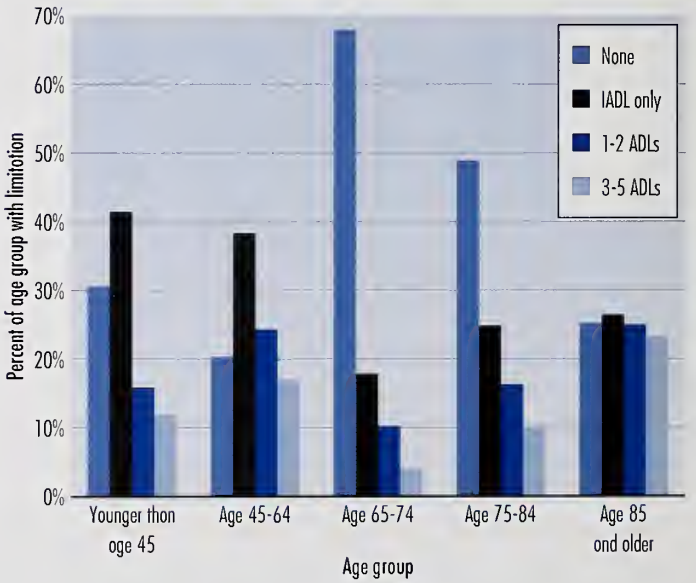
Health status

Life expectancy in the U.S. has increased dramatically since the turn of the century. Between 1900 and 1991, the average life expectancy at birth increased from 46 years to 72 years for men, and from 48 years to 79 years for women (U.S. Bureau of the Census, 1996). While life expectancy is considered a key indicator of the health status of a population or subpopulation, increased longevity among the elderly raises questions about the quality of these extended years, i.e., whether they represent more time in an active, healthy state or in a disabled and declining state of health. Issues such as these cannot be easily resolved, but the MCBS data do provide indicators of health status and the prevalence of functional limitations among the Medicare population.

Figure 6 shows how beneficiaries who lived in community settings assessed their general health relative to other persons the same age in 1992. Reported health status depends heavily on whether the beneficiary qualified for Medicare on the basis of disability (under age 65) or age (age 65 or older). More than one-half of the beneficiaries under the age of 45 and about two-thirds of the beneficiaries in the 45 to 64 year-old group reported that they were in fair or poor health. Many aged beneficiaries, on the other hand, reported that they were in good health. Nearly 30 percent of the aged were in good health, and about 45 percent were in excellent or very good health relative to other persons the same age. Among the age group 85 or older, 40 percent were in excellent or very good health, compared to 30 percent in fair or poor health.

Another measure of health status is the need for assistance with everyday activities. Figure 7 shows the proportion of beneficiaries in communities who have limitations affecting activities of daily

Figure 7 Distribution of Medicare Beneficiaries Living in Communities, by Age and Functional Limitations, 1992



living (ADLs) or instrumental activities of daily living (IADLs). These measures of functional limitation are used to assess the ability of a person to live independently, and to determine need for health and social services. ADLs measure the ability to perform tasks related to personal care (e.g., eating, bathing, or dressing). IADLs measure the ability to perform more complex tasks related to independent living (e.g., preparing meals, doing housework, or handling personal finances).[6]

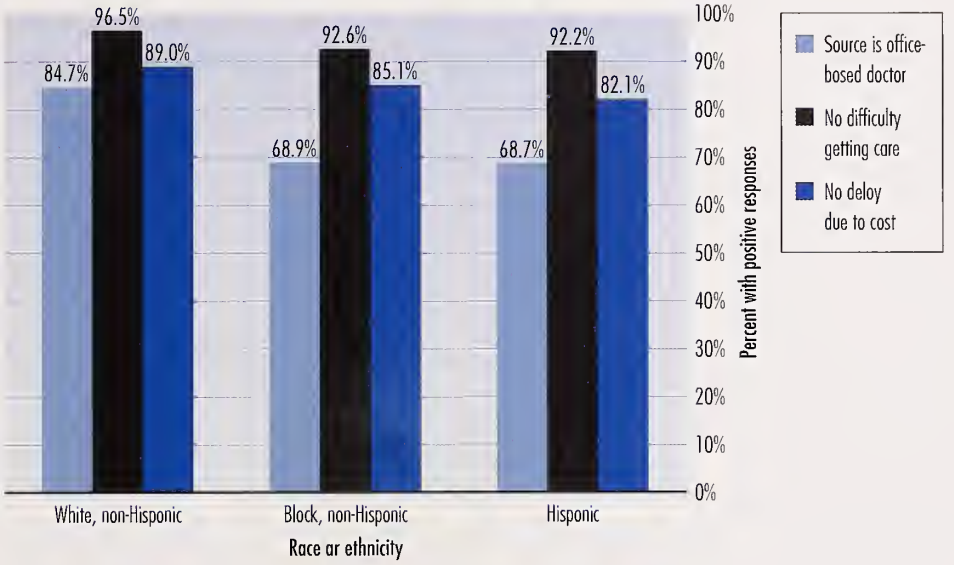
The patterns of functional limitation in Figure 7 are fairly consistent with beneficiaries' overall perceptions of their health. A large percentage of beneficiaries under the age of 65 report limitations in their ability to perform basic tasks related to personal care (ADLs).[7] Among those age 65 or over, functional limitations increase with age. Only 14 percent of beneficiaries in the 65 to 74 year-old group were limited in ADLs, but 48 percent of the oldest old reported at least one functional limitation in ADLs.

Access to care

Medicare beneficiaries are heavy users of the Nation's health care system. In 1992, 18 percent of the aged and disabled had at least one inpatient hospital stay, 58 percent had at least one outpatient hospital visit, and 92 percent had at least one physician/supplier service. Patterns of utilization are not sufficient, however, to determine whether access to health care was adequate or equitable. Access has been defined as the ability to obtain needed medical care (Physician Payment Review Commission, 1996), and it is said to be equitable when services are provided on the basis of medical need rather than socioeconomic factors such as race, income, or supplemental insurance (National Research Council, 1988).

Access to care by community residents can be analyzed with MCBS data since many of the key variables are included in the data set. Three indicators often used to assess access to care are shown here: usual source of care, difficulty in obtaining care, and delay in seeking care due to cost. About 82 percent of Medicare beneficiaries living in communities reported their usual source of care was an office-based physician (i.e., a doctor's office or clinic, or an HMO), as opposed to a hospital emergency room or outpatient department, or other source. Nearly 96 percent reported no difficulty in obtaining care, and 88 percent reported no delay in seeking care due to cost.

Figure 8 Percent of Medicare Beneficiaries in Communities Who Reported Positive Responses to Access Questions, by Race or Ethnicity, 1992



However, access to care indicators vary among different segments of the Medicare population. The data in Figure 8, for example, show the percentage of beneficiaries by race or ethnicity who provided positive responses to questions about access to care. Non-Hispanic whites consistently reported a higher percentage of positive responses to access-related questions than non-Hispanic blacks or Hispanics. Compared to the other two groups, non-Hispanic whites were more likely to seek care from an office-based doctor,

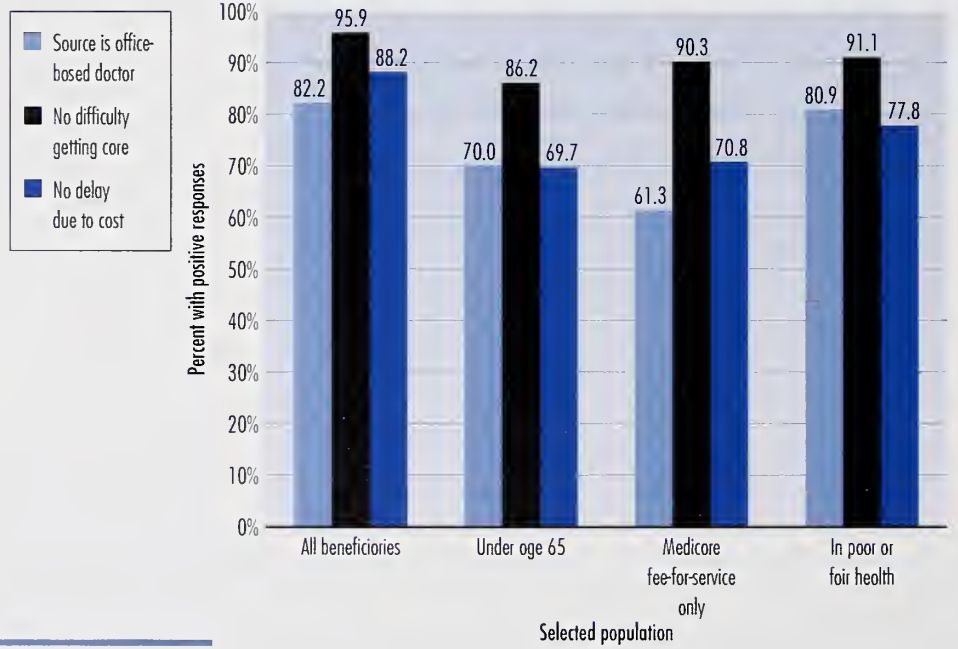
[6] See Definitions of Terms and Variables in Appendix B for a list of ADL and IADL activities.

[7] Beneficiaries with limitations in ADLs also could have limitations in IADLs.

and less likely to have problems in getting care or to delay seeking care due to cost. The most pronounced difference among the racial groups is their source of care. Nearly 85 percent of non-Hispanic whites sought medical care from an office-based physician, compared to slightly less than 70 percent of non-Hispanic blacks and Hispanics. The other 30 percent of non-Hispanic blacks and Hispanics sought care from sources such as hospital emergency rooms and health care clinics.

The MCBS data also indicate that other segments of the Medicare population may have access problems. Figure 9, for example, shows positive responses by all beneficiaries and by three subpopulations that might be expected to have higher-than-average need for care or difficulty with access. All three of the subpopulations—the disabled, beneficiaries without supplemental insurance, and beneficiaries in fair or poor health—reported relatively fewer positive responses to access questions than the Medicare population as a whole. Beneficiaries without supplemental insurance (i.e., those with only Medicare fee-for-service coverage) were least likely to use an office-based physician as their usual source for health care. Beneficiaries under the age of 65 had the most difficulty getting care, and were most likely to delay seeking care due to the cost. Beneficiaries in fair or poor health consistently reported more positive responses than the disabled or the fee-for-service only group, but they were still below the average for all beneficiaries.

Figure 9 Percent of Selected Medicare Beneficiaries in Communities Who Reported Positive Responses to Access Questions, 1992



Spending on personal health care

Personal health care expenditures by the aged and disabled are discussed in detail in chapter 3. In 1992, the average expenditure was $6,716 for beneficiaries living in communities and long-term care facilities. Some beneficiaries spent little or nothing on health care while others were high-cost users of health care services (see chapter 4). Their expenditures covered such services as hospital care, physicians' services, long-term facility care, prescription drugs, home health care, hospice care, and dental services.

Expenditures vary widely among different segments of the Medicare population. The data in Figure 10, for example, show average expenditures of beneficiaries in communities and long-term care facilities by gender and age group. Beneficiaries in long-term care facilities spent five to six times as much as community residents, but their spending did not increase systematically with age or vary by gender (probably because many of their costs are related to room and board rather than health care per se). In contrast, health care spending by beneficiaries in communities increased with age, and males spent slightly more on average than females.

Figure 11 shows the relationship between health status and health care expenditures by aged beneficiaries living in communities and long-term care facilities. The data show a clear relationship between functional status and health care spending, with beneficiaries who did not require help in performing daily activities spending far less on health care than other beneficiaries in 1992. At the extremes, community residents who had three or more limitations in their activities of daily living spent four times as much on health care as community residents who do not have any functional limitations ($12,427 versus $3,101). The relative difference in expenditures by beneficiaries in long-term care facilities is not quite as large, but beneficiaries with the most limitations still spent about twice as much as those without functional limitations ($30,257 versus $15,874).

Figure 10 Average Personal Health Care Expenditures of Medicare Beneficiaries, by Age, Gender, and Residence, 1992

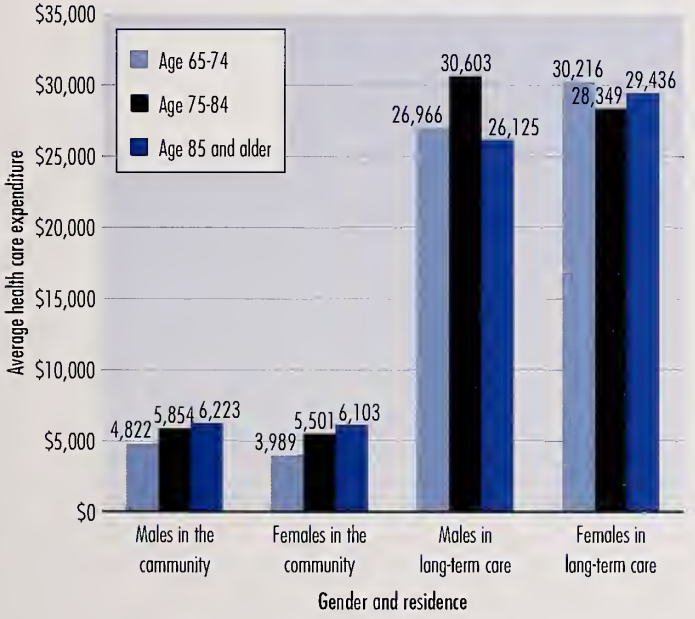
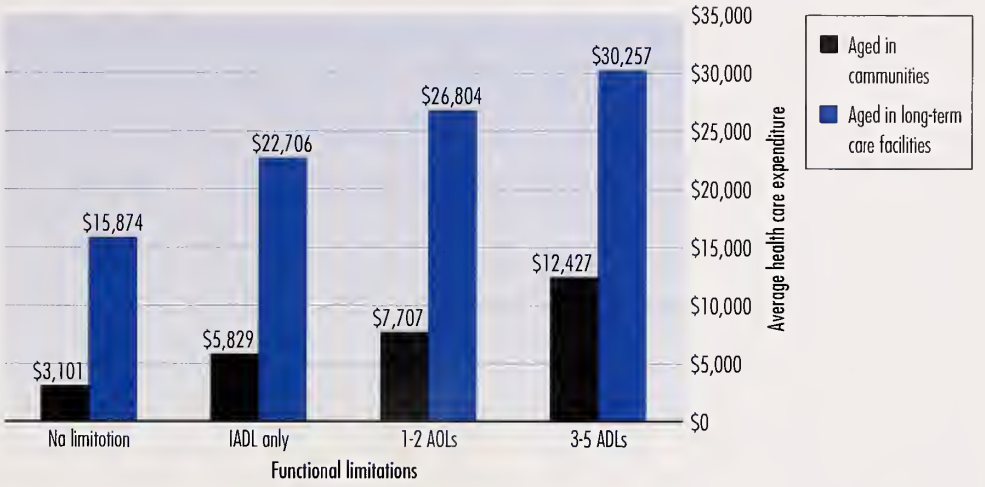


Figure 11 Average Personal Health Care Expenditures by Aged Medicare Beneficiaries, by Functional Limitations and Residence, 1992



Satisfaction with health care

The MCBS contains several questions related to satisfaction with health care. The data in Figure 12 show the percentage of beneficiaries who were satisfied with four dimensions of their care: (1) overall quality of medical care, (2) availability of medical care at night and on weekends, (3) ease and convenience of getting to a doctor, and (4) out-of-pocket costs for medical care. In 1992, beneficiaries who lived in communities were relatively satisfied with their health care, reporting a high percentage of positive responses to the four satisfaction questions.[8] They were most satisfied with the overall quality of care, and least satisfied with their out-of-pocket outlays for care. Aged beneficiaries were more satisfied with their health care than disabled beneficiaries, but neither group expressed a high degree of dissatisfaction with any of the four dimensions of health care. The lowest degree of satisfaction was with cost, where about 78 percent of the aged and 63 percent of the disabled were satisfied.

[8] These percentages differ from the ones reported in section 5 of Chapter 5 because the denominator used in calculating the percent satisfied or very satisfied in Figure 12 excludes beneficiaries who reported no experience with the dimension of satisfaction in question.

Figure 12 Distribution of Aged and Disabled Medicare Beneficiaries in Communities Who Were Satisfied with Their Medical Care, 1992

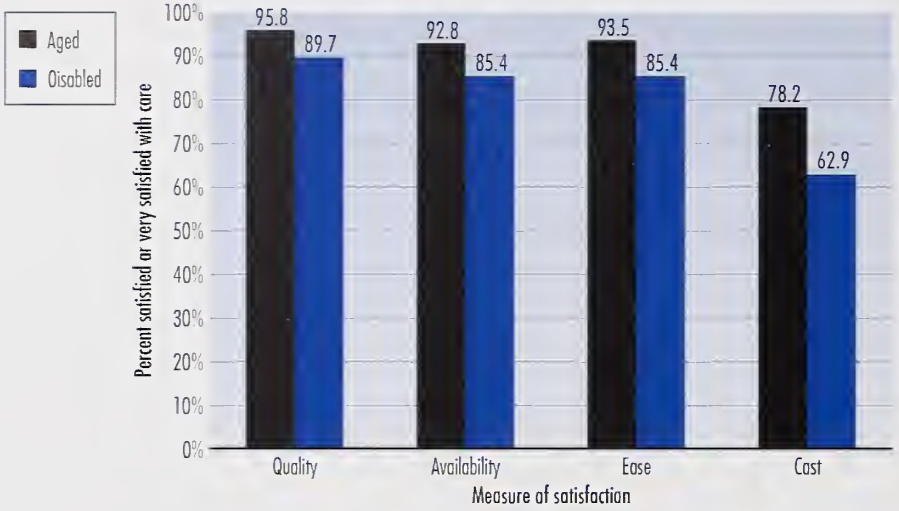


Figure 13 Distribution of Medicare Beneficiaries in Communities Who Were Satisfied with Their Medical Care, by Type of Insurance, 1992

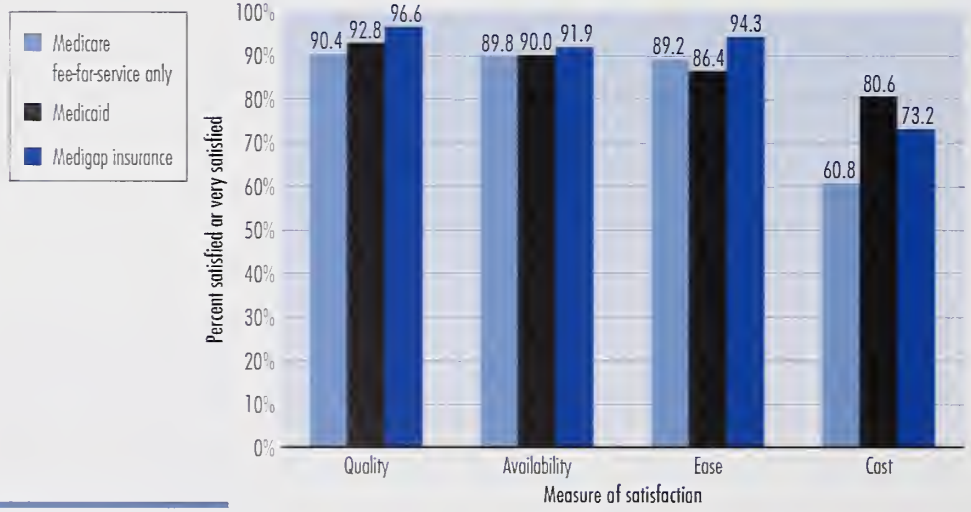


Figure 13 shows the extent to which beneficiaries with different types of insurance were satisfied with their health care in 1992. The first group—Medicare fee-for-service only beneficiaries—had the least health insurance of all Medicare beneficiaries in the MCBS. They had the standard Medicare fee-for-service package, and were responsible for deductibles, coinsurance amounts, and balance billing by physicians. The second group—Medicaid dual eligibles—includes beneficiaries who were eligible for Medicare and Medicaid. Dual eligible beneficiaries had relatively few out-of-pocket expenditures for health care, and many of them were covered for services that are not Medicare-covered (e.g., prescription drugs and long-term care in facilities). The third group—Medigap policy holders—includes beneficiaries who had purchased private insurance to cover the cost of Medicare deductibles and coinsurance. The Medigap group had few out-of-pocket expenses for Medicare-covered services, but their plans typically did not cover other services such as prescription drugs or long-term care in facilities.

The three groups provided surprisingly similar responses to the satisfaction with care questions. Beneficiaries expressed a high level of satisfaction with quality, availability, and ease of care. They were less satisfied with the out-of-pocket cost of care, but the least satisfied group (Medicare fee-for-service only) still had a 61 percent positive response rate for the cost question. Moreover, responses to the cost of care question were consistent with the extent to which each group was insured against the cost of medical care. Fee-for-service only beneficiaries expressed the most concern about costs while dual eligible beneficiaries expressed the least concern.

Summary

The Medicare population can be a picture of simplicity or a puzzle of complexity and diversity, depending on the view. Medicare beneficiaries are predominantly non-Hispanic white, with females

constituting well over one-half of the population. Because of differences in life expectancy at birth, females increasingly dominate the older age groups. They comprise over 70 percent of the institutionalized population.

Many beneficiaries appear to be relatively secure financially, but about one out of ten have incomes of less than $5,000. Beneficiaries with 16 or more years of education and who were married had the highest incomes in 1992. The 17 percent of the Medicare population reporting incomes of $30,000 or more accounted for approximately 48 percent of all income reported by Medicare beneficiaries in 1992.

Beneficiaries appear to have generally good health, with more than 55 percent of the population reporting no functional limitations of any kind. Health does decline, however, with age. Disabled beneficiaries and the oldest old report more functional limitations than other groups.

Satisfaction with care is not a significant problem for most beneficiaries when questioned about issues such as quality, availability, ease, and cost. Cost is the most significant concern, but over 60 percent of the population expressed satisfaction with the amounts they paid out-of-pocket for medical care. However, disabled beneficiaries were generally more critical than the aged in rating their access to and satisfaction with health care.

Most Medicare beneficiaries have relatively modest health care outlays. Beneficiaries incurred health care expenses of $6,716 per person in 1992, but the average expenditure was driven by beneficiaries in long-term care facilities and a small proportion of high-cost users of medical care. Many beneficiaries spent little or nothing on health care.

However, generalizations about the Medicare population do not apply to some segments of the population. Subpopulations such as racial minorities, the disabled, the oldest old, and other groups can look very different from the typical Medicare beneficiary in terms of socioeconomic characteristics such as income, insurance, and living arrangements. These groups may not have the same access to medical providers, satisfaction with care, and financial protection as the overall population. Moreover, access problems faced by vulnerable subpopulations may be exacerbated to the extent these beneficiaries are in worse health than other beneficiaries.

3 HEALTH CARE EXPENDITURES BY THE AGED AND DISABLED

The MCBS is a unique source of information about total health care spending by aged and disabled Medicare beneficiaries. Partial information on their use of and spending for health care services is provided by Health Care Financing Administration (HCFA) statistics on Medicare program costs for fee-for-service enrollees. HCFA's administrative data show Medicare payments to health care providers for Part A and Part B services, and beneficiary cost sharing liability for the difference between Medicare-approved charges and program payments to providers. However, the MCBS is the only up-to-date source of information on total health care spending for Medicare-covered services and noncovered services by the Medicare population, including beneficiaries who are living in their communities and those living in long-term care facilities.[1]

Total health care expenditures by Medicare beneficiaries are included, but not shown separately, in the national health accounts (NHA), an annual series of statistics produced by HCFA for the U.S. Department of Health and Human Services (DHHS). The NHA provides a complete picture of the Nation's health sector, bringing together aggregate information on sources of funding and services consumed by all U.S. residents.[2] In 1992, national health expenditures were $833.6 billion, including $739.8 billion in health care goods and services purchased directly by the resident population.[3] Direct consumption of health care goods and services, or personal health care expenditures (PHCE) in the NHA, averaged $2,790 per person for an estimated population of 265.1 million (Levit et al., 1996).

Aged and disabled persons on Medicare are known to account for a disproportionate share of national health care outlays. One frequently cited source estimated that persons age 65 or over consumed 36 percent of the health care dollar in 1987 even though they represented only 12 percent of the population (Waldo et al., 1989). MCBS data confirm these levels of health care consumption. The 36.8 million aged and disabled beneficiaries represented in the 1992 Cost and Use file equal 13.9 percent of the U.S. population, but they consumed $247.0 billion or 33.4 percent of all health care goods and services produced in 1992.[4] Per capita consumption of health care goods and services by this group was $6,716, as compared to $2,159 by persons not on Medicare.

Sources of funding

Health care in the U.S. is financed by a combination of private and public sources. For the Nation as a whole, private health insurance is the single largest payer (33 percent of total expenditures) while government expenditures are dominated by Medicare and Medicaid (18 percent and 14 percent of the total, respectively). Out-of-pocket expenditures by individuals account for 18 percent of the total. Another 13 percent is paid by the U.S. Departments of Defense (DOD) and Veterans Affairs (VA) through the Civilian Health and Medical Program of the Uniformed Services, and the Civilian Health and Medical Program of the Veterans Administration. Other private sources, such as work-site health services provided by businesses, account for 4 percent of the total (Levit et al., 1996).

The MCBS has been designed to collect complete information on financing of medical care for the Medicare population by allowing respondents to identify a wide range of payment sources.[5] Potential payers include the individual, Medigap insurance, health maintenance organizations, and employer-sponsored plans for retirees and the working aged. Medicare, Medicaid, and other public insurance also are potential sources of financing in the MCBS. These payment sources can be combined to reflect four relatively homogeneous payer categories (Medicare, Medicaid, private insurance, and households) and a catchall "other" category that includes such diverse sources as liability insurance, workers' compensation programs, other public programs run by State agencies, and care provided in DOD and VA facilities.

Figure 1 shows the proportion of health care goods and services paid by each source. The data highlight the extent to which public

[1] The 1987 National Medical Expenditure Survey also collected information on health care spending by the Medicare population, including institutionalized persons.

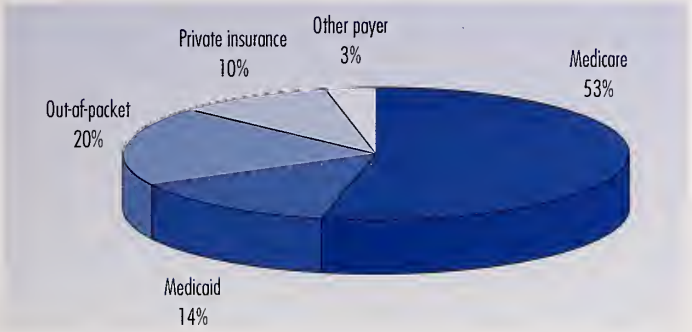
[2] Health care services in the NHA are classified by type of establishment providing the service. Most establishments are U.S.-based, but all hospitals in the U.S. and its outlying territories are included in NHA estimates. As a result, NHA estimates of hospital expenditures cover a slightly broader geographic area than the MCBS, which includes only one U.S. territory (Puerto Rico).

[3] The remaining $93.8 billion of health expenditures includes public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes.

[4] These figures may slightly underestimate PHCE by the aged and disabled because the MCBS does not collect data on purchases of over-the-counter drugs and other medical sundries included as expenditures in the national health accounts. In addition, the MCBS sample excludes beneficiaries who reside outside the 50 States, the District of Columbia, and Puerto Rico.

[5] Payment information is collected for each service or "event" in the MCBS regardless of whether it was reported by the respondent or created from a Medicare claim.

Figure 1 Sources of Payment for Medicare Beneficiary Health Care, 1992

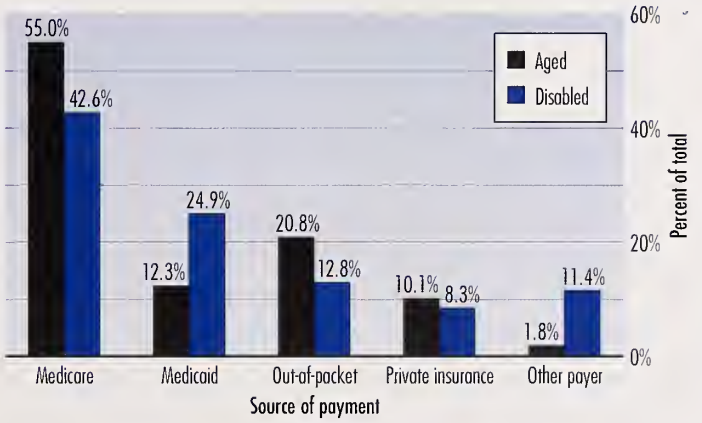


programs fund health care for the aged and disabled in the U.S. In 1992, Medicare and Medicaid financed approximately two-thirds of the health care received by Medicare beneficiaries. Medicare paid about 53 percent of all medical bills.[6] Federal and State Medicaid payments for health care were 14 percent of the total outlay.[7] The "other" category, which includes both public and private sources of payment, accounted for 3 percent of health care expenditures by the aged and disabled.

Private sources—households and private insurance—provided nearly 30 percent of the financing, with households paying approximately twice as much as private insurance (20 percent versus 10 percent). Household expenditures consist of out-of-pocket payments by beneficiaries or their families for Medicare cost sharing amounts and services not covered by Medicare.[8] Private insurance, i.e., individually purchased Medigap insurance and employer-sponsored insurance for retirees and the working aged, paid most of the remaining charges. Medigap policies cover coinsurance and deductibles for Medicare-covered services and, in some cases, charges for services such as prescription drugs or dental care not covered by Medicare. Employer-sponsored insurance for retirees is supplemental coverage that coordinates benefits with Medicare. These plans frequently insure more services than Medicare, and can have stop loss limits on out-of-pocket expenses (Chulis et al., 1995).

Not all beneficiaries rely to the same extent on the sources of financing shown in Figure 1. For example, the data in Figure 2 show much different financing patterns for the $214 billion spent on beneficiaries age 65 and older (the aged) than the $33 billion spent on beneficiaries under the age of 65 (the disabled). The share paid by Medicare was 55 percent for the aged and 43 percent for the disabled. This difference was almost exactly offset by higher Medicaid payments for the disabled. In addition, disabled beneficiaries relied on "other payer" to a much higher extent than aged beneficiaries, while aged beneficiaries paid proportionately more out-of-pocket for their health care.

Figure 2 Sources of Payment for Health Care by Aged and Disabled Medicare Beneficiaries, 1992



Expenditures by type of service

Tables in Chapter 5 of this sourcebook show health care expenditures for eight categories of health care: inpatient hospital, outpatient hospital, physician/supplier, home health care, hospice care, dental

[6] The share paid by Medicare includes program payments for covered services, pass-through expenses to hospitals, and capitated payments to Medicare risk HMO contractors.

[7] States enter into "buy-in" agreements with DHHS to cover Medicare cost sharing and Part B premiums for Medicaid beneficiaries who are eligible for Medicare. Federal law also requires States to pay Medicare costs for certain low-income Medicare beneficiaries.

[8] The individual making the payment does not necessarily live in the same household as the beneficiary.

care, long-term facility care, and prescription drugs. Expenditures vary widely from one category to another. Figure 3, for example, shows that the aged and disabled incurred $81.1 billion in inpatient hospital charges at one extreme and $0.9 billion in hospice care at the other.[9]

Hospital care is by far the largest category of expenditures for the aged and disabled. If hospital care is defined to include all inpatient and outpatient hospital services, hospitals captured 40.6 percent of the health care dollar in 1992. Long-term care facilities are the second largest expense category (23.5 percent), followed by physician/supplier services (23.3 percent). In this classification scheme, expenditures for care in long-term facilities include room and board, as well as ancillary charges for medical care that may be included in the base charge of a long-term care facility.[10] Physician/supplier services is a broad category encompassing expenditures on services provided by physicians and other licensed health professionals, as well as durable and nondurable medical equipment and supplies.

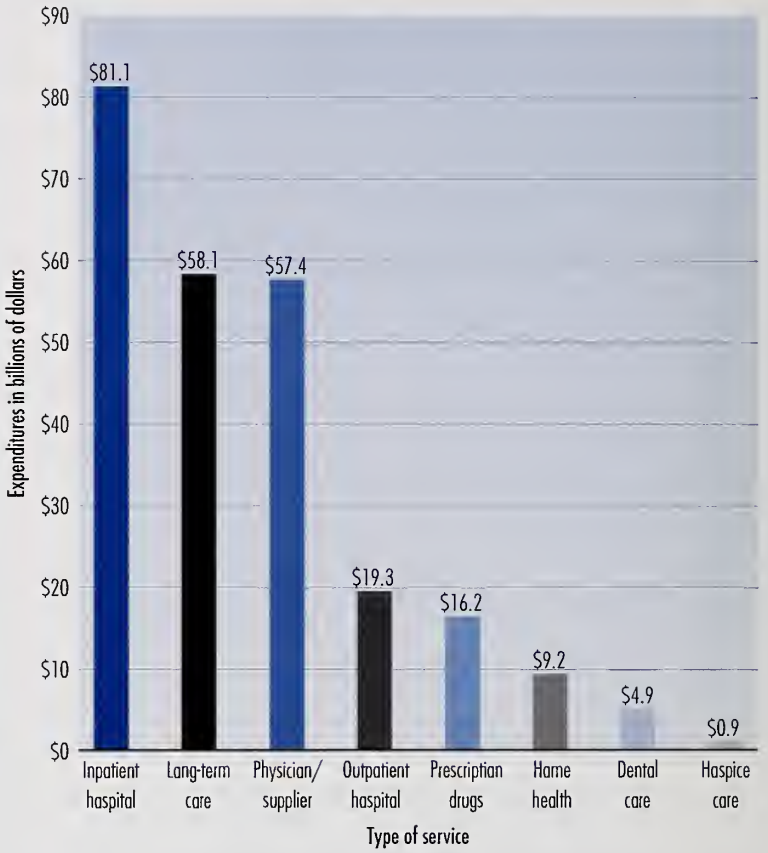
Payer contributions by type of service

The two parts of Medicare—Part A hospital insurance and Part B medical insurance—cover a wide range of medical services, but they are not all encompassing. Part A hospital insurance, for example, does not cover long-term care in facilities that is primarily custodial. Part B medical insurance generally does not pay for routine physicals, cosmetic surgery, prescription drugs, routine foot care and dental care, or examinations for prescribing or fitting eye glasses and hearing aids. As a result, other payers contribute significant amounts to charges for some types of care.

Figure 4 shows the contribution of each payer toward services consumed by all aged and disabled beneficiaries in 1992. Medicare paid a high percentage of charges for five types of health care (inpatient hospital, outpatient hospital, hospice, home health, and physician/supplier), but other sources financed a relatively large share of expenditures on some services.[11] Medicaid paid slightly over 50 percent of the cost of long-term care facility stays.

Despite the magnitude of Medicare and Medicaid program expenditures, private sector liability for the cost of some services is relatively high. Health care expenditures by private insurance and households covered nearly 95 percent of the cost of dental care,

Figure 3 Medicare Beneficiary Health Care Expenditures by Type of Service, 1992

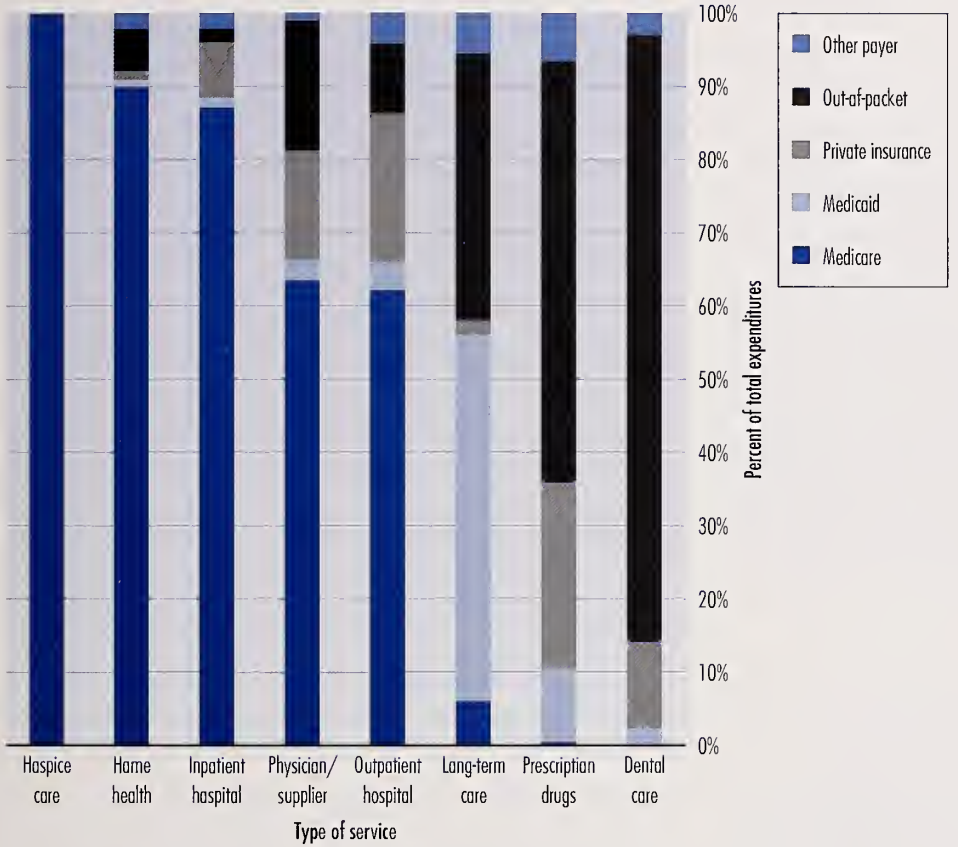


[9] Long-term facility care expenditures may be slightly understated in Figure 3. The 1992 MCBS includes a small number of beneficiaries for whom facility representatives reported no or nominal expenses for the beneficiary's long-term care.

[10] Long-term facility care expenditures in the MCBS primarily involve custodial care, but skilled nursing facility expenses that are covered by Medicare have been included with facility expenses in the sourcebook. Long-term care facilities are broadly defined to include licensed nursing homes and other long-term care facilities such as domiciliary or personal care facilities, mental health or mental retardation facilities, and the long-term care components of continuing care, assisted living, and rehabilitation facilities.

[11] Hospice and home health care services are narrowly defined in the MCBS public use files. Hospice care is limited to Medicare-covered services for terminally ill individuals who have elected to receive hospice care rather than standard Medicare benefits. There is no deductible for hospice care and almost no beneficiary cost sharing. Home health care is limited to skilled nursing services and other therapeutic services provided by a Medicare participating home health agency. Medicare pays 100 percent of the covered cost of covered home health visits, and 80 percent of the approved cost of durable medical equipment.

Figure 4 Payer Contributions by Type of Service, 1992



84 percent of prescription drugs, 38 percent of long-term facility care, 33 percent of physician/supplier services, and 30 percent of outpatient hospital services. The public sector (i.e., Medicare, Medicaid, and other) paid the balance of charges for these services.[12]

Health care consumption by selected groups

In 1992, the average health care expenditure of a Medicare beneficiary was 3.1 times higher than that of the general population ($6,716 versus $2,159). While the difference is substantial, it masks large variation in health care consumption within the Medicare population. A striking example of the extent to which expenditures vary for different segments of the Medicare population can be seen by comparing health care expenditures of persons residing in communities to those of long-term care facility residents. Per capita health care expenditures by community residents were $5,054, while long-term care facility residents had per capita expenditures of $30,808. Much of the difference is due to room and board charges for long-term care, but facility residents also have higher than average expenses for hospital services and other medical care.

Beneficiaries in long-term care facilities consume a disproportionate share of health care in the aggregate as well as on average. Figure 5, for example, shows the distribution of beneficiaries by type of domicile (community or long-term care facility) and their share of health care expenditures. In 1992, 70 percent of personal health care spending on Medicare beneficiaries went to the 93 percent of the Medicare population that resided in community settings for the entire year. The remaining 30 percent went to 7 percent of the population that spent all or part of the year in long-term care facilities.

Differences in health care spending by community and long-term care facility residents also reflect the impact of health status on

[12] The category "other" includes some private liability insurance expenditures, but they cannot be separated from expenditures by other public sources included in this payer category.

Figure 5 Distribution of Medicare Beneficiaries by Residence and Share of Health Care Expenditures, 1992

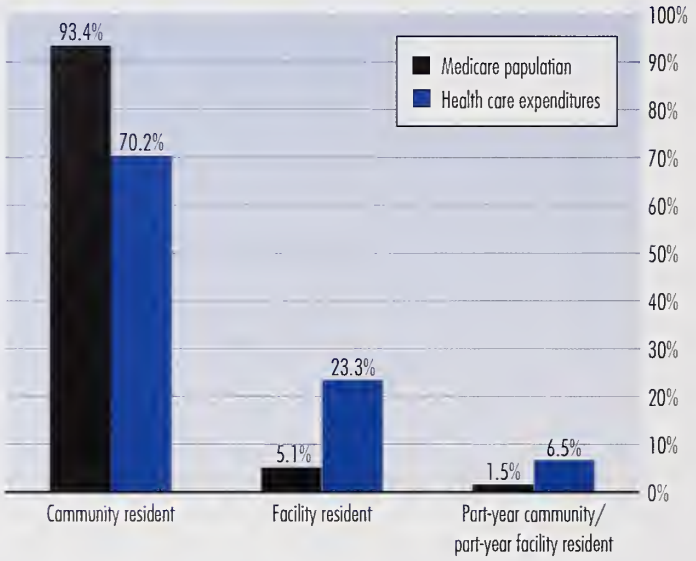
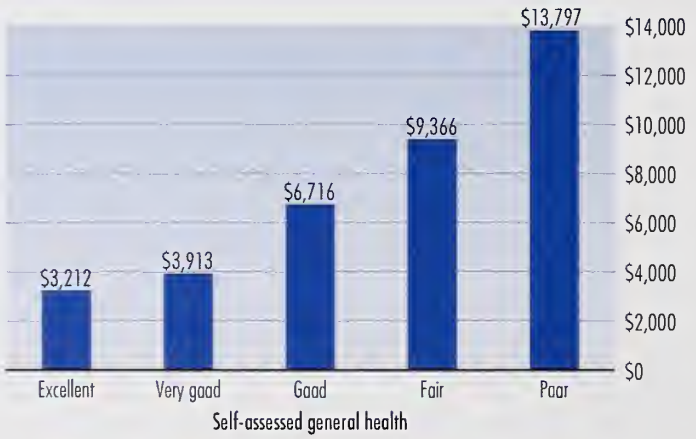


Figure 6 Medicare Beneficiary Average Health Care Expenditure by Health Status, 1992



the use of medical services. Beneficiaries in long-term care facilities often are in poor health relative to other beneficiaries, and studies have shown that health status is highly correlated with health care utilization (e.g., Aday et al., 1984). A recent analysis of Medicare access, for example, shows that 9.3 percent of the beneficiaries who reported excellent or very good health had an inpatient hospital stay in 1993, while 28.2 percent of those in fair or poor health were hospitalized at least once during the year (Rosenbach et al., 1995). The close relationship between health status and health care expenditures can be seen in Figure 6, which shows the average health care outlay for beneficiaries grouped by self-assessed general health. Per capita expenditures ranged from a low of $3,212 for persons in excellent health to a high of $13,797 for persons in poor health.

Medicare beneficiaries consume about one-third of the Nation's health care dollar, and a large share of these expenditures are by beneficiaries in relatively poor health. Figure 7, for example, shows that almost 8 percent of all health care expenditures on the Medicare population went to the 16 percent of the Medicare population reporting excellent health in 1992. In contrast, nearly 21 percent of the expenditures went to the 10 percent of the population reporting poor health. Thus the least healthy group had health care expenses that were one and one-half times the amount of the most healthy group, even though it was only two-thirds as large. Because per capita expenditures vary so much by health status, any change in the proportion of beneficiaries in each health category could have a substantial impact on national health care spending.

Health care spending is also affected by other factors. Research from the RAND Health Insurance Experiment (HIE) of the 1970s, for example, demonstrated that fully-insured nonelderly persons spent about 50 percent more on health care than similar persons with 95 percent coinsurance and stop-loss coverage (Newhouse et al., 1981), and 23 percent more than persons with 25 percent coinsurance (Manning et al., 1987). That is, demand

[13] The RAND HIE was an experiment that clearly demonstrated the effect of insurance on service use. The relationship between insurance and use could be reversed for Medicare beneficiaries, with high expected use affecting the demand for insurance. However, a recent analysis of MCBS data concluded that higher use is the consequence of, and not the cause of, supplemental insurance ownership by Medicare beneficiaries (Physician Payment Review Commission, 1996).

for medical care can be expected to increase as the consumer's share of the cost falls.

The effect of insurance on the demand for health care appears to apply to services used by the Medicare population.[13] An analysis of 1991 Medicare spending showed that beneficiaries with supplemental insurance consumed more Medicare-covered services than beneficiaries who did not supplement their Medicare fee-for-service coverage (Chulis et al., 1993).[14] At the extremes, the study found that the average expenditure by beneficiaries who had only Medicare fee-for-service coverage was 45 percent as high as that of beneficiaries who were eligible for Medicare and Medicaid ($1,992 versus $4,379).[15]

Per capita expenditures on all types of health care also are affected by supplemental insurance. Figures 8 and 9 show the distribution of beneficiaries residing in communities for all or part of the year by type of supplemental insurance and average expenditure on health care.[16] Figure 8 shows that approximately 69 percent of these beneficiaries had private supplemental insurance, i.e., Medigap coverage or employer-sponsored insurance, or both. Another 13 percent were covered by Medicaid. As shown in figure 9, regardless of source, beneficiaries with supplemental insurance spent more on health care than Medicare fee-for-service only beneficiaries. Per capita expenditures on all services—Medicare-covered as well as noncovered services—ranged from $3,823 for Medicare fee-for-service only beneficiaries to $8,629 for beneficiaries who were also covered by Medicaid. Beneficiaries with private supplemental insurance were centered between the extremes, with per capita expenditures in the $5,000 to $6,000 range.

The burden on households

Medicare beneficiaries paid $48.7 billion out-of-pocket toward $247.0 billion of health care, or 19.7 percent of total health care spending on the aged and disabled in 1992. Their expenditures

Figure 7 Relative Health Care Expenditures of Medicare Beneficiaries by Health Status, 1992

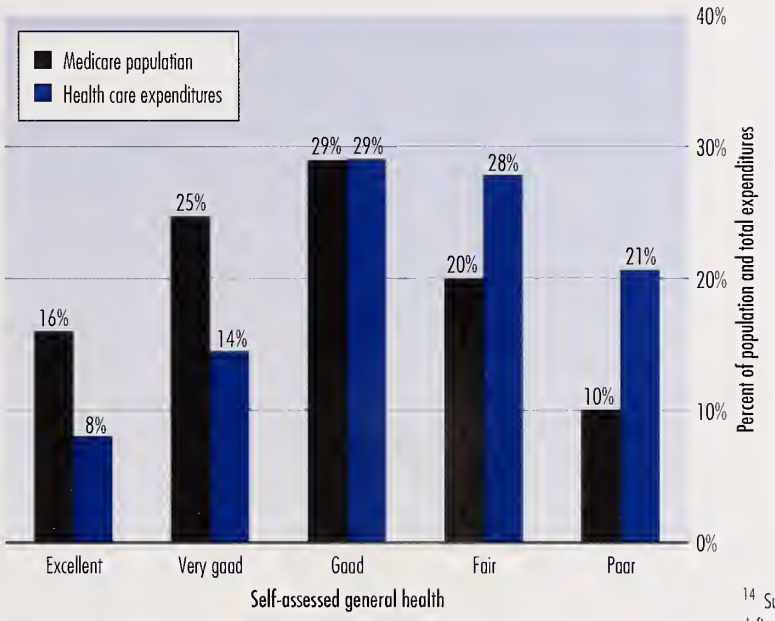
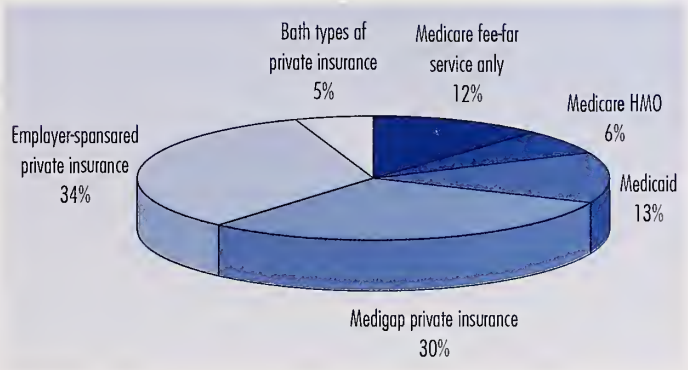


Figure 8 Types of Supplemental Insurance Used by Medicare Beneficiaries Residing in Communities, 1992



[14] Supplemental insurance is broadly defined as public or private insurance that reduces the out-of-pocket liability of a Medicare beneficiary by coordinating benefits with Medicare or by paying for non-Medicare covered services.

[15] The sample in the study was limited to fee-for-service beneficiaries who were enrolled in Medicare during all of 1991. If the study had included beneficiaries who died during the year, average expenditures would have been higher.

[16] The data in Figures 8 and 9 are limited to community residents because the MCBS does not have detailed information on private insurance coverage of beneficiaries in long-term care facilities. Beneficiaries could have "other" insurance such as VA coverage or State pharmaceutical assistance plans in addition to their Medicare coverage.

Figure 9 Average Health Care Expenditure by Type of Insurance for Medicare Beneficiaries Residing in Communities, 1992

were for deductibles and copayments for Medicare-covered services, balance billings from Part B providers who did not accept Medicare-assigned charges, and charges for services not covered by Medicare or their supplemental insurance. The average annual out-of-pocket payment was approximately $1,325.

Beneficiaries also had out-of-pocket expenses for health insurance. In 1992, the monthly premium for Medicare Part B insurance was $31.80, or $382 per year.[17] Moreover, nearly 70 percent of the Medicare population had private supplemental insurance, with an average annual out-of-pocket premium of $728 for employer-sponsored insurance and $1,014 for Medigap insurance (U.S. Department of Health and Human Services, 1996). On an annual basis, Medicare Part B insurance premiums for the 36.8 million beneficiaries represented by the MCBS sample would have been $14 billion, and private insurance premiums would have been at least $20 billion.

The burden on households cannot be easily summarized because health care spending varies widely among beneficiaries, with a small proportion of the Medicare population accounting for a disproportionate share of health care spending. Figure 10 shows the average out-of-pocket expenditure for health care by residents of communities and long-term care facilities grouped according to their gross income in 1992.[18] Beneficiaries residing in communities spent far less out of pocket on health care than their counterparts in long-term care facilities.

The data in Figure 10 illustrate the regressive relationship between beneficiaries' income and their out-of-pocket spending on health care. Low-income beneficiaries in communities spent only slightly less per year than their high-income counterparts ($668 versus $883 for the extreme low- and high-income groups) even though income differences between the lowest and highest income groups were large. As a result, beneficiaries in low-income categories were spending a much larger proportion of their income out of pocket on health care than their higher income counterparts who also resided in the community.

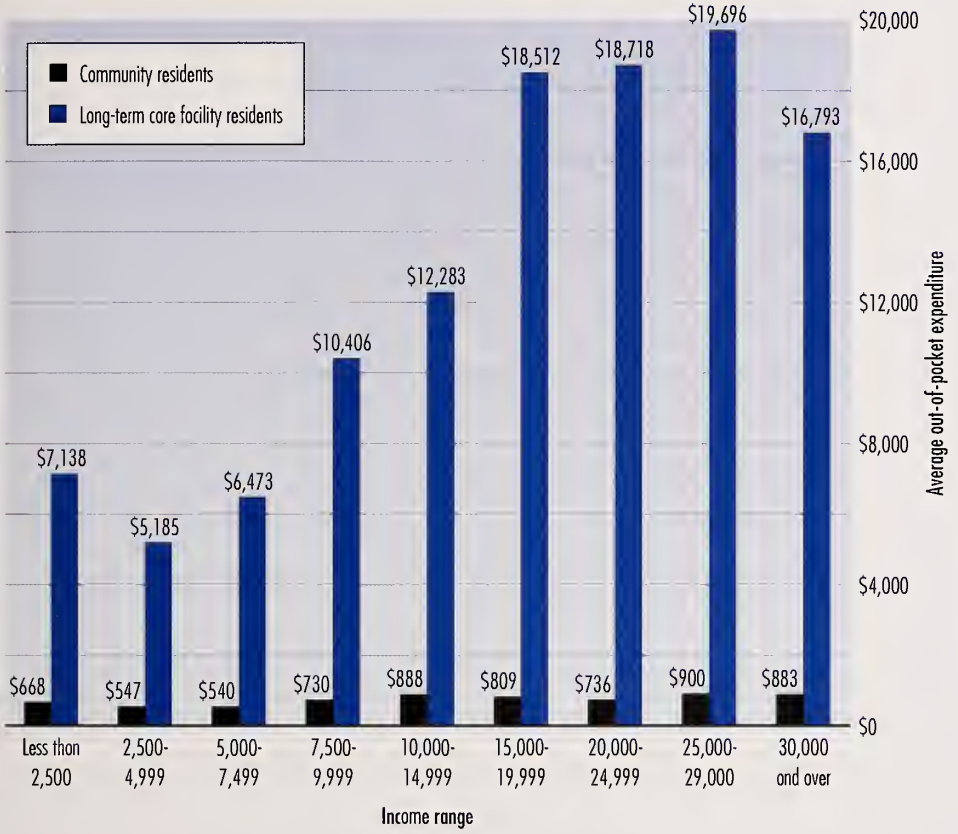
Low-income beneficiaries in long-term care facilities, on the other hand, had much lower per capita out-of-pocket outlays on health care than their high-income counterparts. The burden on beneficiaries was still regressive, however, with spending by low-income beneficiaries exceeding their income while high-income beneficiaries spent about one-half of their income on health care.[19] Many beneficiaries in lower-income ranges finance long-term care by spending down their assets. The regressiveness of these expenditures would be even more pronounced if Medicaid did not pay such a large share of long-term care facility costs for dual eligible beneficiaries.

[17] Some of the Part B premiums were paid by State Medicaid agencies on behalf of eligible beneficiaries.

[18] Income is for the beneficiary or the beneficiary and spouse if the sample person was married in 1992.

[19] For many beneficiaries in long-term care facilities, out-of-pocket expenditures were greater than their reported income. This situation suggests that someone else paid for the care, or the beneficiary was spending down assets that were not reported as income in the MCBS.

Figure 10 Average Out-of-Pocket Health Care Expenditure for Medicare Beneficiaries, by Residence and Income Range, 1992



Summary

The elderly and disabled have different health care needs and payment patterns than the Nation as a whole. Medicare beneficiaries are high-cost users of health care services compared to the general population, spending about 3.1 times the average for health care. As one might expect, they rely more on Medicare than private insurance as their primary source of payment for medical care. However, because Medicare does not cover all health care needs of the Medicare population, only about 53 percent of their total health care expenses are paid by Medicare. Beneficiaries are the second most important source of funding, paying approximately 20 percent of their total expenses out of pocket.

The distribution of total health expenditures by type of service is different from the distribution of Medicare program payments. While hospital care accounted for approximately 58 percent of Medicare program payments in 1995 (U.S. Department of Health and Human Services, 1996), hospitals received 41 percent of the total amount spent on health care by Medicare beneficiaries in 1992. This circumstance is largely because Medicare does not cover some relatively large expenses of the Medicare population, most notably prescription medicines and long-term facility care.

Health care cost and utilization varies widely among Medicare beneficiaries. Most beneficiaries spend relatively little on health care while a small proportion of the Medicare population spends large sums on health care. Health status is clearly associated with the level of health care spending, as are Medicaid and private supplemental insurance. Beneficiaries who reside in communities consume far fewer health services than beneficiaries in long-term care facilities. Moreover, the burden on beneficiaries increases almost exponentially for those receiving long-term facility care, with out-of-pocket payments by beneficiaries in long-term care facilities exceeding their income in many cases.

4 HIGH-COST USERS OF HEALTH CARE SERVICES WITHIN THE MEDICARE POPULATION

It is well known that spending on health care services in the United States is concentrated among a small percentage of the population, with aged and disabled persons on Medicare responsible for a disproportionate share of national health care expenditures. Health care expenditures are also highly concentrated within the Medicare population itself. Figure 1 shows the distribution of total health care outlays on Medicare-covered and noncovered services by Medicare beneficiaries in 1992.

MCBS data indicate that almost 4 percent of beneficiaries had no health care expenditures in 1992, and one-half of the beneficiaries incurred less than $2,100 in health care expenses for the year. At the other extreme, a small proportion of beneficiaries had large health care expenditures. Table 1 shows that 1 percent of Medicare beneficiaries accounted for 11 percent of total health care spending by the Medicare population in 1992, and for 16 percent of Medicare program payments. Ten percent of Medicare beneficiaries accounted for over one-half of total health care outlays, and for almost two-thirds of Medicare program payments. These beneficiaries averaged over $22,000 in personal health care expenditures for the year.

Figure 1 Distribution of Personal Health Care Expenditures for the Medicare Population, 1992

The MCBS database is unique in its ability to shed light on the characteristics of Medicare beneficiaries who use costly or a large number of health care services. The MCBS provides a complete picture of health care spending by the Medicare population, as well as comprehensive information on the characteristics of spenders and nonspenders. The data in Table 1, for example, indicate that total personal health care expenditures are not as highly concentrated among beneficiaries as Medicare program payments. While 10 percent of the Medicare population accounted for 64 percent of Medicare program payments, the top 10 percent of all service users accounted for only 53 percent of spending on Medicare-covered and noncovered services.

Definition of a high-cost user

The first step in examining the characteristics of high-cost users is to define the term "high-cost." Criteria proposed in the health care literature include defining a high-cost user according to an arbitrary threshold amount of expenditures, such as persons with expenses greater than $5,000 or $10,000, or an arbitrary threshold percentage of expenditures, such as persons with spending greater than the 90th, 95th, or 99th percentile of the distribution of individual expenditures (Wyszewianski, 1986; Garfinkel et al., 1988). A more objective approach might start with a definition of a high-cost user rather than an arbitrary threshold. For example,

Table 1.A Personal Health Care Expenditures and Percent of Expenditures by Medicare Beneficiaries, by Population Percentile, 1992

Population Percentile[1]	Expenditures Incurred[2]	Percent of Expenditures
1	$69,904	11
5	$34,225	37
10	$22,304	53
15	$14,764	66
25	$6,782	79
30	$5,325	83
50	$2,093	94

Table 1.B Medicare Program Payments and Percent of Payments by Medicare Beneficiaries, by Population Percentile, 1992

Population Percentile[1]	Payments Incurred[2]	Percent of Payments
1	$46,065	16
5	$18,279	45
10	$10,345	64
15	$6,208	74
25	$3,259	87
30	$2,202	91
50	$502	98

[1] Population percentiles are specified in descending order. For example, the third row of Table 1.A indicates the percent of expenditures incurred by the 10 percent of the population incurring the highest expenditures or, alternatively, persons above the 90th percentile of the distribution of persons.

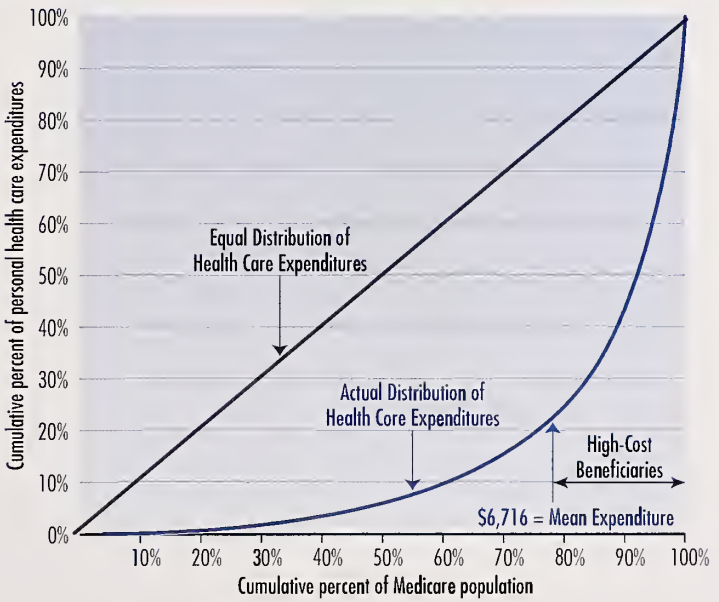
[2] Expenditures or Medicare program payments incurred by the person at the indicated population percentile.

one source defines high-cost users as persons who consume a disproportionate share of health care resources relative to others in the group (Garfinkel et al., 1988).

The definition of a high-cost user of medical services employed in this chapter incorporates aspects of both types of criteria. First, the high-cost user group is defined as Medicare beneficiaries who were responsible for a disproportionately large share of health care expenditures in 1992. Second, in order to examine characteristics of beneficiaries at the extreme end of the high-cost group, the highest-cost group is defined as the 5 percent of beneficiaries with the greatest total charges.

The criterion for defining a high-cost user in this chapter is illustrated in Figure 2, which plots the cumulative distribution of the Medicare population against the cumulative distribution of their total health care expenditures in 1992. If each percentage of the population had consumed an equal share of financial health

Figure 2 Cumulative Distributions of the Medicare Population and Personal Health Care Expenditures, 1992



care resources (e.g., if 10 percent of the Medicare population accounted for 10 percent of total expenditures, and 50 percent of the population for 50 percent of the expenditures), the actual distribution of health care expenditures would fall on the diagonal line in Figure 2. Mean, median, and individual expenditures would all be the same in this case.

However, the actual distribution of expenditures shows almost 23 percent of the beneficiaries accounting for a disproportionately large share of health care spending. This group of individuals lies to the right of the mean expenditure point. Beneficiaries on this segment of the curve had higher than average health care expenditures (more than $6,716 in 1992), and were responsible for over 78 percent of all personal health care outlays by the Medicare population.

The population to the left of the mean expenditure point spent a disproportionately small amount on health care, or less than the average of $6,716 in 1992. Of the 77.3 percent of beneficiaries in this group, 3.9 percent used no health care services in 1992. The remaining 73.4 percent, defined as the *low-cost group*, was responsible for 21.6 percent of total health care spending by the Medicare population, or an average of $1,974 per low-cost user (see Table 2).

Table 2 Percent Distribution of Medicare Beneficiaries and Personal Health Care Expenditures, by Cost Group, 1992

Cost Group	Beneficiaries	Total Expenditures	Mean Expenditure	Median Expenditure
	Percent Distribution			
Total	100.0	100.0	$6,716	$2,093
Highest	4.8	37.1	$52,272	$45,445
High	17.9	41.3	$15,489	$14,228
Low	73.4	21.6	$1,974	$1,349
None	3.9	0.0	$0	$0

Table 2 also shows the split of the 23 percent of high-cost users into two categories. The approximately top 5 percent (i.e., 4.8 percent) of the distribution is categorized as the *highest-cost group*, and the next 17.9 percent are referred to as the *high-cost group*. High-cost beneficiaries consumed roughly 8 times the financial health care resources as the low-cost group on average, while the highest-cost group averaged 26 times the health expenditures of the low-cost group. In 1992, beneficiaries in the top 5 percent of the expenditure distribution (i.e., the 95th percentile) had per capita expenditures of over $52,000.

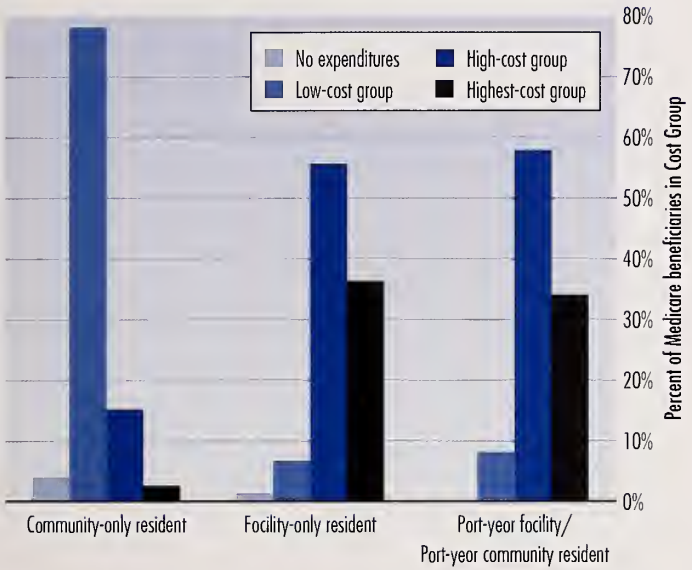
Utilization of services

Certain services used by Medicare beneficiaries are much more costly than others. The data in Figure 3, for example, show the impact of long-term care in facilities on health care expenditures by the elderly and disabled. Approximately 92 percent of Medicare beneficiaries who resided in a long-term care facility during all or part of 1992 fell within the high- or highest-cost groups.[1] In contrast, only 18 percent of beneficiaries who resided in a community setting in 1992 were included in these two groups. The MCBS data also indicate that although only 6.6 percent of all Medicare beneficiaries had a stay in a long-term care facility in 1992, almost 40 percent of beneficiaries in the highest-cost group lived in a long-term care facility for all of 1992 and 12 percent spent part of 1992 in a long-term care facility.

Much of the expense incurred by long-term care facility residents is for room and board, but they also have higher than average outlays for medical care. The relatively high expenses for medical care reflect their poor health and functional status. MCBS data show, for example, that 71 percent of Medicare beneficiaries who resided in a long-term care facility for all of 1992 had limitations with three

[1] Long-term facility care expenditures may be slightly understated in the sourcebook. The 1992 MCBS includes a small number of beneficiaries for whom facility representatives reported no or nominal expenses for the beneficiary's long-term care.

Figure 3 Medicare Beneficiary Residence Status by Cost Group, 1992

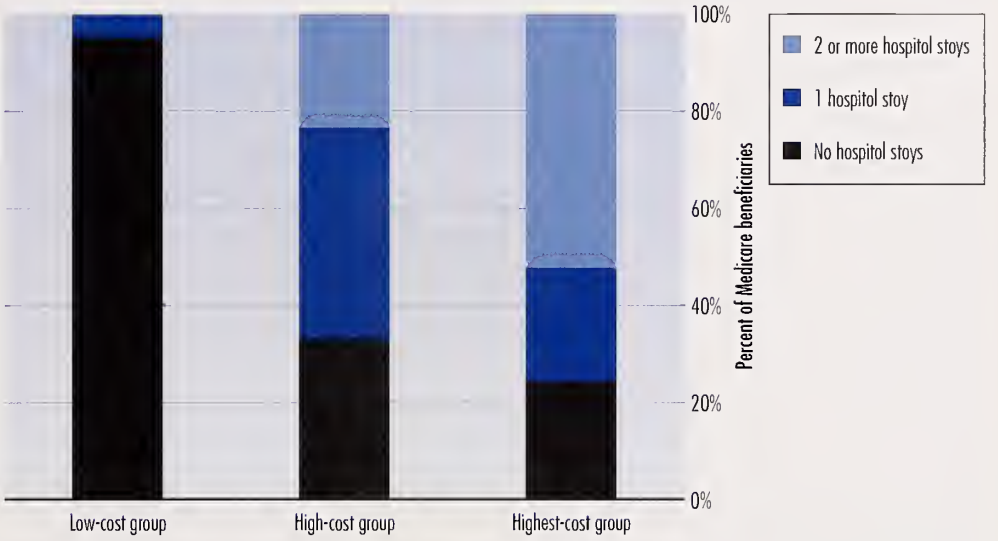


to five activities of daily living (ADLs),[2] compared with only slightly over 7 percent of community residents.

The health and functional status of beneficiaries in long-term care facilities reflects their mix of residents. While the oldest old constituted about 10 percent of the Medicare population in 1992, beneficiaries 85 years or older accounted for nearly 44 percent of facility residents. Disabled beneficiaries with and without end-stage renal disease (ESRD) were also over-represented in the long-term care facility population, making up about 10 percent of the total Medicare population but almost 14 percent of facility residents. Although disabled beneficiaries in long-term care facilities did not appear to be in worse health than aged persons in facilities, a much higher percentage of disabled beneficiaries fell within the highest-cost group (51 percent) compared with aged beneficiaries (34 percent), and their average total health expenditure was 1.5 times higher than the average for aged beneficiaries.

Hospital services also are strongly associated with high health care expenditures. Figure 4 shows that fewer than 5 percent of the low-cost group of beneficiaries had one or more hospital stays, but two-thirds of the high-cost group and three-quarters of the highest-cost group had at least one hospital stay in 1992. This pattern is

Figure 4 Cost Groups by Inpatient Hospital Stays for All Medicare Beneficiaries, 1992



even more pronounced for community residents. While 6 percent of all community residents had two or more inpatient admissions in 1992, over 78 percent of community residents in the highest-cost group had two or more hospitalizations. Of community residents who had two or more inpatient hospital stays, almost all were classified as high- or highest-cost users compared with almost none of those with no hospital admissions. For beneficiaries with at least one hospital stay, inpatient hospital costs for the year averaged $3,058 for the low-cost group, $8,606 for the high-cost group, and $34,478 for the highest-cost group.

[2] Activities of daily living are activities related to personal care. They include bathing, dressing, getting in and out of bed or a chair, using the toilet, and eating.

Similar utilization and cost patterns are evident for outpatient hospital visits. Nearly all beneficiaries in the two high-cost categories, but only one-half of those in the low-cost category, had an outpatient hospital visit in 1992. Outpatient hospital costs for beneficiaries in the highest-cost group were over 3 times the average for beneficiaries in the high-cost group and 10 times the average for beneficiaries in the low-cost group.

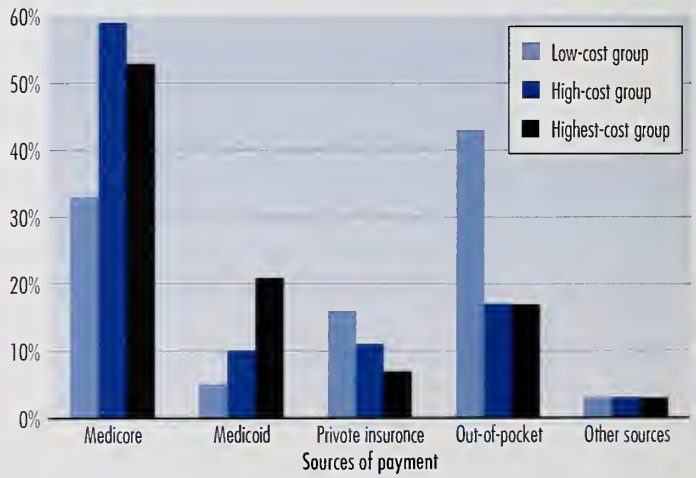
Financing of health care

Health care for Medicare beneficiaries is not financed solely by the Medicare program. As noted in chapter 3 of the sourcebook, Medicare paid about 53 percent of all medical bills for the Medicare population in 1992. Federal and State Medicaid payments accounted for 14 percent, private insurance provided 10 percent, household out-of-pocket payments financed 20 percent of the total outlay, and other sources accounted for 3 percent of total health care expenditures by the aged and disabled. The distribution of payments by source varied considerably, however, across cost groups. Figure 5 shows that Medicare paid significantly less for the low-cost group of beneficiaries (33 percent) than it did for the high-cost group (59 percent) or the highest-cost group (53 percent). Medicaid also financed a smaller share of health care expenditures for the low-cost group (5 percent) relative to the two high-cost groups of beneficiaries (10 percent for the high-cost group and 21 percent for the highest-cost group). In contrast, private insurance and households financed a much higher proportion of health care expenses for low-cost users (60 percent) compared with the high-cost (29 percent) and highest-cost (24 percent) beneficiaries.

The pattern of financing across the cost groups emerges from several factors. Medical expenditures for low-cost users were largely composed of relatively inexpensive services that are not generally covered by Medicare. Spending on dental care and prescription medicines, for example, averaged 35 percent of total health care expenditures for the low-cost group, 7 percent for high-cost users, and slightly more than 1 percent for the highest-cost users. On the other hand, spending on inpatient hospital care, for which Medicare pays over 80 percent of charges, accounted for only 6 percent of total health care expenditures for the low-cost group, but 38 percent for each of the high-cost groups. In addition, long-term care facility charges, which are heavily financed by Medicaid, averaged 38 percent of total health care expenditures for the highest-cost group.

Payment patterns also reflect differences in Medicaid eligibility. Although 13 percent of Medicare beneficiaries who resided in a community setting were covered by Medicaid at some point during 1992, they were not uniformly represented in the different cost groups. Figure 6 shows that almost one-third of the highest-cost group of beneficiaries was eligible for Medicaid, compared with one-fifth of the high-cost group and only one-tenth of the low-cost group. Because beneficiaries in the low-cost group were less likely to be covered by Medicaid, Medicaid paid less of their health care bills in 1992.

Figure 5 Sources of Payment for Personal Health Care Expenditures, by Cost Group, for All Medicare Beneficiaries, 1992



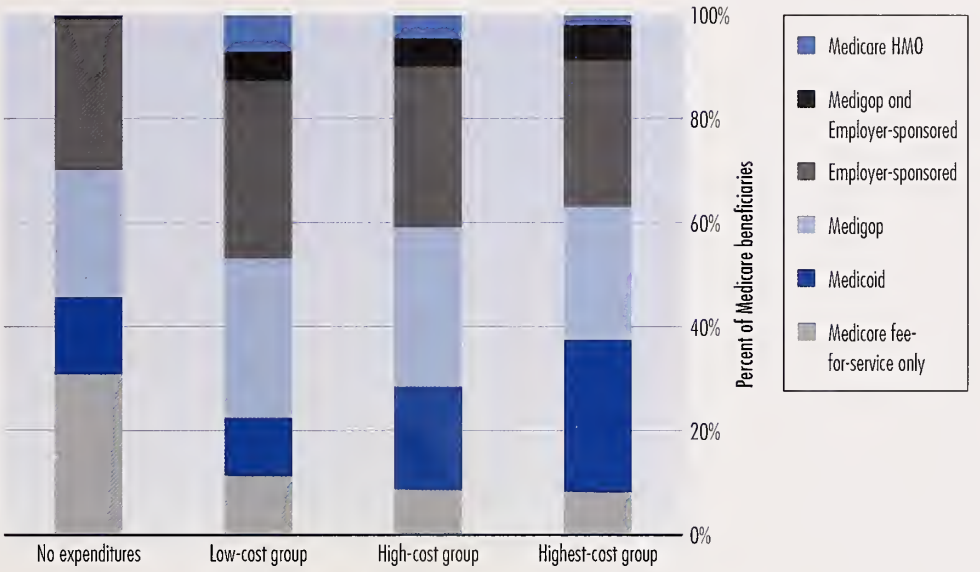
[3] HCFA's *Profiles of Medicare* (1996) and PPRC's *1996 Annual Report to Congress* define vulnerable groups of beneficiaries as those who have historically experienced problems with access to care. Their classifications also include persons living in rural areas or in places designated as health professional shortage areas. However, the MCBS data do not directly permit analysis of these characteristics.

Out-of-pocket payments fluctuated substantially around the average annual out-of-pocket payment of $1,325 for all Medicare beneficiaries. Low-cost users paid about 43 percent of their medical bills out-of-pocket, but this averaged only $617 since their average health care expenditures were $1,974 in 1992. The two high-cost groups paid about 17 percent of their health care expenses out-of-pocket, but the dollar amounts were substantial. Users in the high- and highest-cost groups had average out-of-pocket payments of $2,809 and $7,729, respectively, based on average health care expenses of $15,489 and $52,272. Because the distribution of income varied little by cost group in 1992, high-cost users of medical services appear to have faced a greater financial burden on average than low-cost users.

High-cost user characteristics

This section focuses on characteristics of beneficiaries who have been identified as vulnerable subgroups of the Medicare population. Vulnerable subgroups include the disabled, the "oldest" old (particularly women over the age of 85), low-income beneficiaries, ethnic minorities, and beneficiaries who are dually eligible for Medicare and Medicaid (U.S. Department of Health and Human Services, 1996; Physician Payment Review Commission, 1996).[3] Their demand for health care is analyzed within the framework developed by Aday, Fleming, and Andersen (1984), which uses the personal characteristics of individuals to explain their propensity to seek health care services.[4] The most important of these characteristics is the need for medical care, which is proxied in the MCBS by data on self-reported health status, functional limitations, Medicare eligibility status, and chronic medical conditions or diseases. Enabling factors, such as insurance and income, provide people with the means to obtain care, and have been shown to affect the consumption of health care services. Predisposing factors include demographic attributes such as age, sex, and race/ethnicity that may influence the use of medical care.

Figure 6 Cost Groups by Supplemental Insurance Holdings for Medicare Beneficiaries Living in the Community, 1992



Measures of need

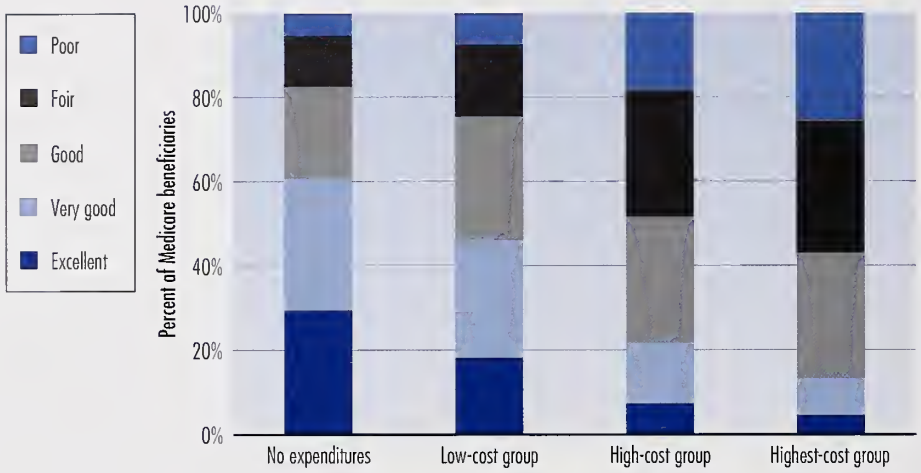
Numerous studies have shown that health status is correlated with health care utilization among all age groups. A recent analysis of Medicare access, for example, found that persons reporting fair or poor health in 1993 had a 3 times higher probability of hospitalization than those reporting excellent or very good health (Rosenbach et al., 1995).[5] Another study of the noninstitutionalized elderly population found that the probability of high-cost use increases with the number of chronic conditions, restricted-activity days, and functional limitations—all of which indicate decreasing health status (Garfinkel et al., 1988).

MCBS data support these findings, with 1992 per capita health expenditures ranging from a low of $3,212 for persons in excellent health to a high of $13,797 for persons in poor health.

[4] Their framework focuses on factors that affect an individual's demand for care. However, the supply of health care resources, such as the number of hospital beds and physicians per capita, and the cost of health care services, may affect the availability of and access to care, thus influencing an individual's level of health care expenditures. These types of data are not included in the MCBS survey.

[5] The study used MCBS data, but it was limited to persons who were continuously enrolled in Medicare between 1991 and 1993. As a result, the study excluded high-cost users who died during the analysis period.

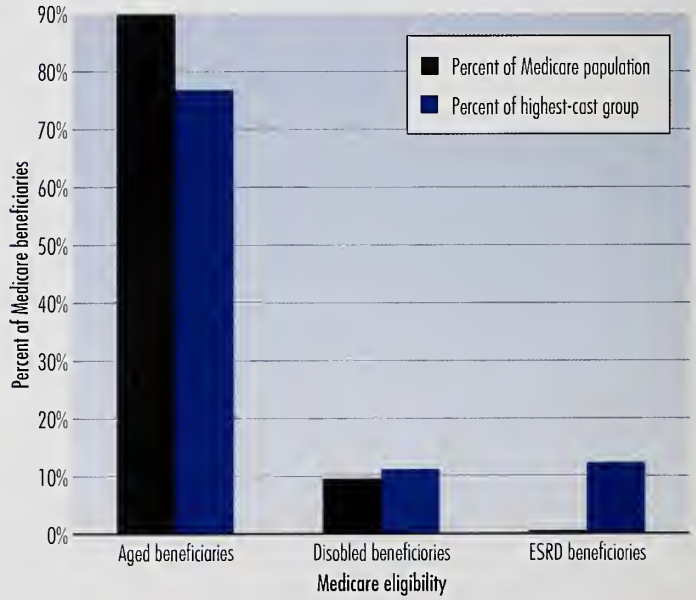
Figure 7 Cost Groups by Self-Reported Health Status for All Medicare Beneficiaries, 1992



The distribution of beneficiaries by self-reported health status and cost group is shown in Figure 7.[6] Approximately 61 percent of Medicare beneficiaries who used no health care services in 1992, and 46 percent of beneficiaries in the low-cost group, reported being in excellent or very good health. In contrast, only 22 percent and 13 percent of beneficiaries in the high- and highest-cost groups, respectively, reported being in excellent or very good health. The contrast between health status and expenditures is even more striking for community residents. Only one-fourth of community residents included in the low-cost group of beneficiaries reported themselves as being in fair or poor health, as contrasted with nearly two-thirds of the highest-cost group of beneficiaries. Moreover, only 29 percent of community residents with no health care expenditures and 64 percent of low-cost users reported having two or more chronic conditions, compared with 83 percent of the high- or highest-cost users.

Beneficiaries with ESRD have been historically high-cost users of Medicare-covered services.[7] This group of beneficiaries is of particular importance since they constitute the fastest growing segment of the Medicare population. Between 1982 and 1992, ESRD enrollment increased at an average annual rate of 10.1 percent, compared with 4 percent for all disabled persons and 1.9 percent for aged beneficiaries (U.S. Department of Health and Human Services, 1996). In 1992, Medicare program payments for ESRD beneficiaries were about 7.5 times higher than the average payment for beneficiaries without ESRD (U.S. Department of Health and Human Services, 1995(b)). MCBS data show that average total health care expenditures of $49,730 for ESRD beneficiaries living in the community were over 10 times the average of $4,801 for community residents without ESRD. As shown in Figure 8, ESRD enrollees were over-represented in the highest-cost group. Although ESRD beneficiaries made up less than 1 percent of all community-resident

Figure 8 Highest-Cost Users of Medical Services by Medicare Eligibility Status, for Medicare Beneficiaries Living in the Community, 1992



[6] A sample person was asked to rate his or her general health compared to other people of the same age. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

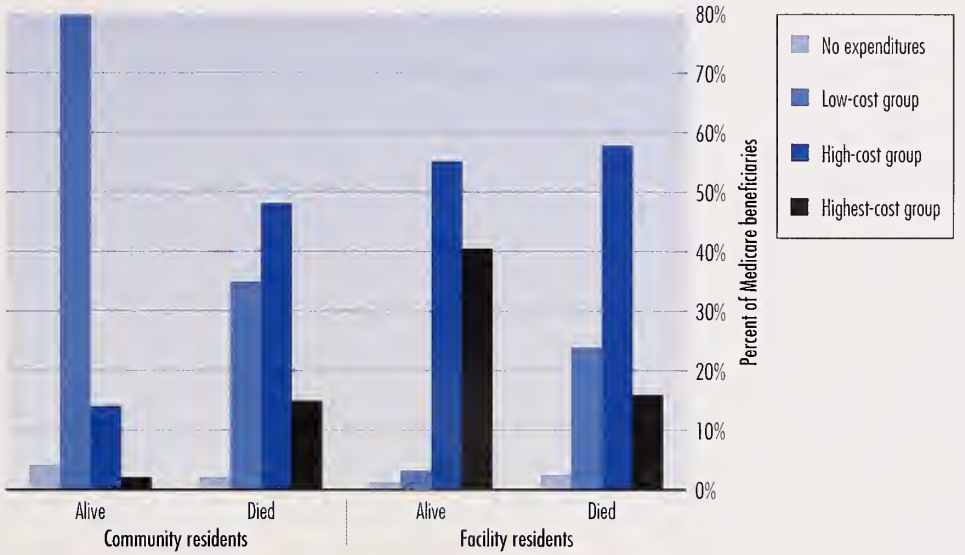
[7] End-stage renal disease is that state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

beneficiaries in 1992,[8] they constituted over 12 percent of the highest-cost users. Over one-half of ESRD beneficiaries fell within the highest-cost group and over one-quarter within the high-cost group.

Medicare expenditures on disabled beneficiaries also have been increasing in recent years as the number of disabled enrollees has grown due to changes in Social Security Disability Insurance eligibility policy (U.S. Department of Health and Human Services, 1996). Most disabled Medicare beneficiaries (beneficiaries under 65 years of age) resided in the community in 1992, but the 7 percent who lived full-year in a long-term care facility is greater than the 5 percent of all aged persons (beneficiaries 65 years and older) who resided in a facility. Disabled beneficiaries in communities were slightly over-represented in the highest-cost group (see Figure 8), although their average total health expenditure of $5,703 was not markedly higher than the $4,911 for aged beneficiaries.[9] In contrast, a much higher percent of disabled beneficiaries in long-term care facilities fell within the highest-cost group (51 percent) compared with the aged (34 percent), and their average total health expenditures were 1.5 times the aged amount.

Beneficiaries in their last year of life tend to be high-cost users of Medicare services (U.S. Department of Health and Human Services, 1995(b); Garfinkel et al., 1988). Although a smaller number of beneficiaries who died during 1992 were high-cost users of medical services compared with beneficiaries alive at the end of the year, the proportion of decedents in the two high-cost groups was relatively high. Of community residents, 15 percent of those who died during the year, but only 2.1 percent of beneficiaries alive at the end of 1992, were included in the highest-cost group; 48 percent versus 14 percent, respectively, fell within the high-cost group (see Figure 9). In other words, although less than 4 percent of all community residents died during 1992, 21 percent of the highest-cost users were people who died in that year. Inpatient hospital care accounted for 48 percent of total expenditures for persons who died compared with a 12 percent share for those who did not die.

Figure 9 Mortality Status by Cost Group and by Medicare Beneficiary Residence Status, 1992



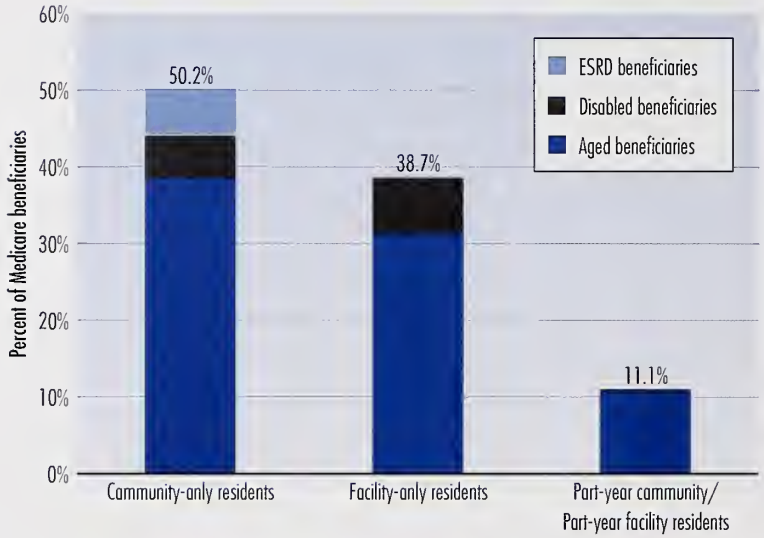
In contrast to community residents, a larger percentage of long-term care facility residents who were alive at the end of 1992 were included in the highest-cost group compared with the percentage of those who died (see Figure 9). Beneficiaries who died before the end of the year did not incur a full year of facility room and board expenses, which averaged 84 percent of facility residents' health expenditures in 1992.

High-cost users in their last year of life are not necessarily the oldest old. A recent examination of Medicare expenditures by age showed that Medicare spent more on 65 to 69 year olds who died than it did on decedents over age 85 (Moon, 1994). The MCBS data indicate similar patterns of health care spending for beneficiaries who died in 1992. An average of $17,851 was spent on decedents 85 years or older compared with $21,554 for decedents age 65 to 74 years. The contrast is stronger for community residents, with 85 or older

[8] The MCBS data indicate that the overwhelming majority of ESRD beneficiaries lived in community settings in 1992.

[9] These figures include disabled beneficiaries with and without ESRD and aged beneficiaries with and without ESRD.

Figure 10 Highest-Cost Users of Medical Services by Medicare Eligibility and Residence Status, 1992



decedents averaging $12,795 in total health care expenditures and those age 65 to 74 years averaging $21,453. In fact, the highest expenditures on persons in their last year of life were for disabled beneficiaries under age 65, who averaged $27,000. Facility residents 85 years or older who died also had slightly lower average health care expenditures ($19,838) than those age 65 to 74 years, but more on average than decedents 75 to 84 years old.

Despite the focus on vulnerable subpopulations, it is important to note that the highest-cost group is not dominated by ESRD or disabled beneficiaries, or by long-term care facility residents. Reflecting their larger absolute numbers in the Medicare population, beneficiaries over the age of 65 who lived in the community in 1992 make up the largest share of the highest-cost group (see Figure 10). They account for almost 40 percent of the Medicare population falling within the highest 5th percentile of the distribution of individual health care expenditures. These beneficiaries were high-cost users of medical services primarily because they had expensive inpatient hospital stays.

Enabling factors

Supplemental insurance affects the demand for health care by reducing a beneficiary's coinsurance, deductible, or balance billing amounts for Medicare-covered health care services, and by sharing the cost for noncovered services. Previous studies of the Medicare population have shown that supplemental insurance increases the use of Medicare-covered services (Chulis et al., 1993), and the probability of incurring high costs (Garfinkel et al., 1988). The data in Figure 11 suggest the same pattern for total health care expenditures. Community residents who did not supplement their Medicare coverage[10] were more likely to go without medical care (as measured by the absence of expenditures) than beneficiaries who had Medicaid coverage, Medigap insurance, or employer-sponsored insurance.

Beneficiaries with supplemental insurance had higher health care expenditures than their Medicare-only counterparts, regardless of reported health status. Community residents with only Medicare fee-for-service coverage reported worse health on average than those with private insurance. Slightly over 40 percent of Medicare beneficiaries with no supplemental insurance were in fair or poor health compared with 23 percent of beneficiaries who had private insurance. Similarly, almost 10 percent of Medicare beneficiaries with only fee-for-service coverage had limitations in three to five ADLs compared with about 6 percent of privately-insured beneficiaries. In the absence of supplemental insurance, the former group of beneficiaries would be expected to consume more services and incur higher costs than their healthier counterparts.

The data in Figure 11 also indicate that community residents who were dually eligible for Medicaid and Medicare were more likely than other beneficiaries to be in the two high-cost groups. Both

[10] Beneficiaries in this category of insurance may have insurance coverage from other public plans, such as the Veterans Administration or a State-sponsored prescription drug plan.

poorer health and the presence of supplemental insurance may explain higher health care expenditures for dual eligibles. Because Medicaid provides comprehensive first-dollar coverage for most services, dual eligibles would be expected to have higher expenditures than beneficiaries with no supplemental insurance or Medigap coverage. Dually-eligible beneficiaries also reported poorer health status than those with private insurance or no supplemental insurance. Compared with the privately-insured Medicare population living in the community, dually-eligible beneficiaries were more than twice as likely to report their health status as fair or poor, and almost 3 times as likely to have limitations in three or more ADLs. They also reported almost uniformly higher rates of chronic conditions, mental disorders, and urinary incontinence, and included higher percentages of disabled beneficiaries and beneficiaries with ESRD.

If all other factors could be controlled, high-income beneficiaries would be expected to purchase more health care than low-income beneficiaries, and to have a greater probability of falling into the high-cost group. Although Figure 12 indicates that community residents with incomes below $10,000 were somewhat more likely to have no health care expenditures compared with higher-income beneficiaries, they were also more likely to be included in the two high-cost groups. The distribution of total health care expenditures shows little variation among the income groups, for both community and facility residents. The effect of income on the purchase of health care services may be confounded by the effects of supplemental insurance and health status, which tend to be correlated with income, on health care consumption.

Demographic factors

Medicare beneficiaries who are 85 years or older—the oldest old—are of particular concern to the Medicare program. The oldest old made up 9.7 percent of the Medicare population in 1992, but accounted for 18.5 percent of total health care expenditures in that year. This age group is one of the fastest growing segments of the

Figure 11 Supplemental Insurance Coverage by Cost Group for Medicare Beneficiaries Living in the Community, 1992

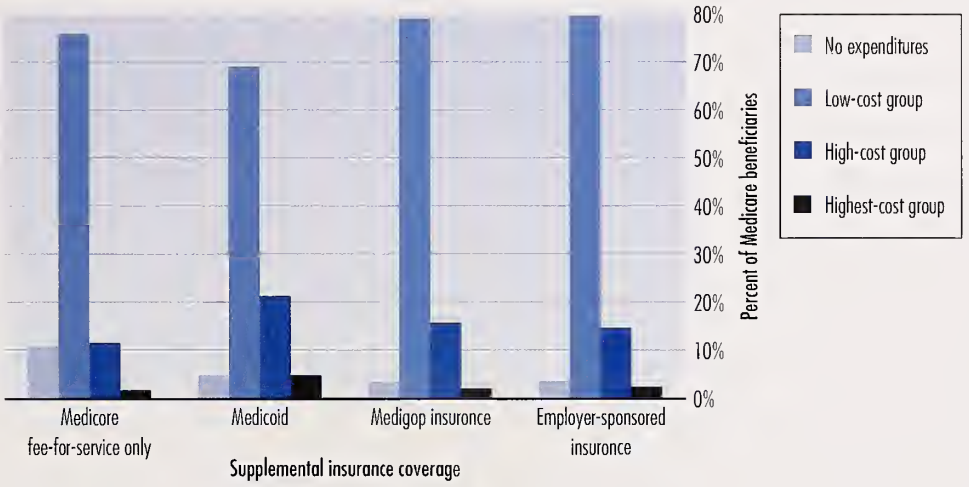


Figure 12 Income Categories by Cost Group for Medicare Beneficiaries Living in the Community, 1992

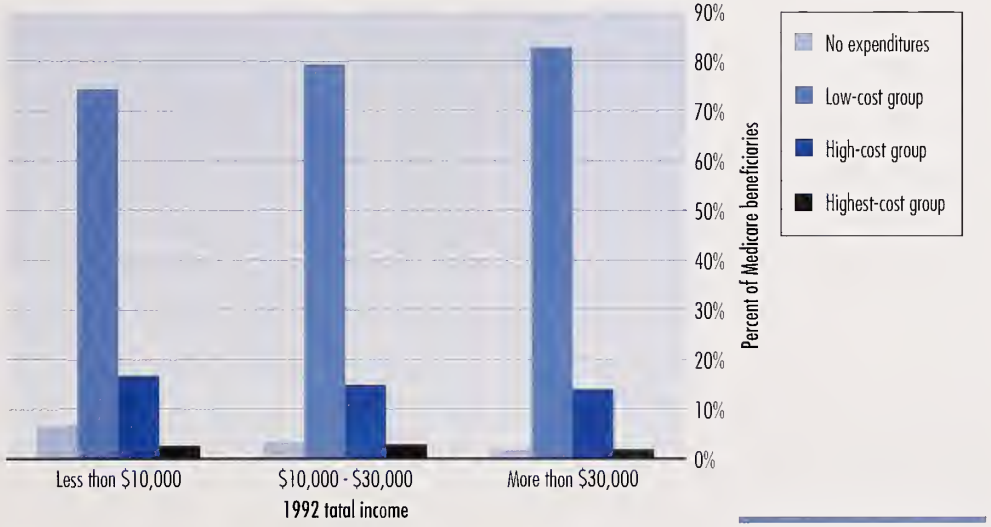
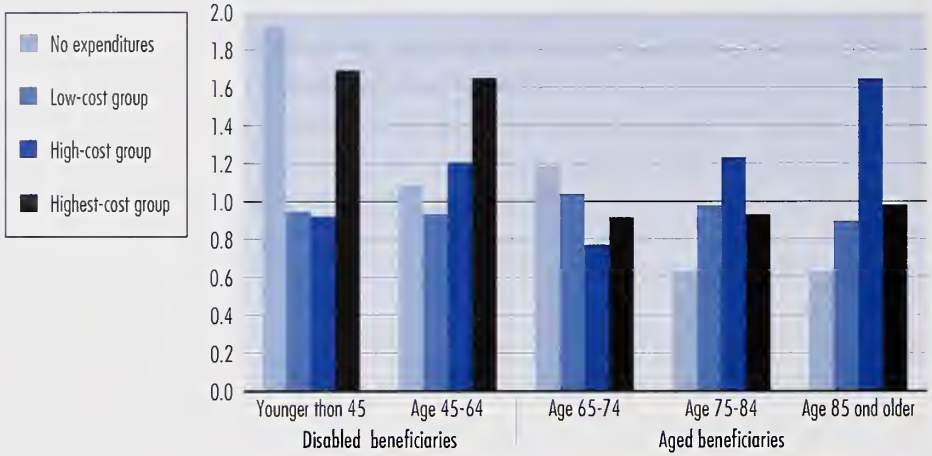


Figure 13 Medicare Beneficiary Age by Cost Group for Medicare Beneficiaries Living in the Community, 1992
(Ratio of Percent within Cost Group to Percent within Age Group)



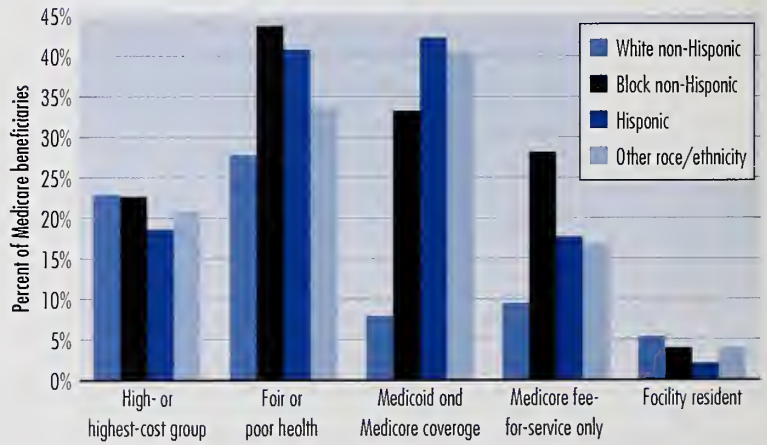
Medicare population (U.S. Department of Health and Human Services, 1995(a)).

The MCBS data show a pronounced difference in total health care expenditures between the oldest old and Medicare beneficiaries age 65 to 74 years. Beneficiaries age 85 and over had total health care expenditures that were 2.7 times the average for beneficiaries age 65 to 74 ($12,852 and $4,789, respectively), primarily because 23 percent of the oldest old lived in relatively expensive long-term care facilities compared with less than 2 percent of the 65-74 age group. Differences in average total health care expenditure by age group were less pronounced for beneficiaries who lived in the community in 1992. Beneficiaries age 85 or older spent about 1.4 times the amount as beneficiaries age 65 to 74. In fact, the oldest old were slightly under-represented in the highest-cost group of community residents, accounting for 7.4 percent of all community residents, but 7.2 percent of the highest-cost group (see Figure 13). Moreover, average long-term care facility expenditures were nearly the same for the two age groups.

Beneficiaries under the age of 65, who are eligible for Medicare coverage due to disability or ESRD status, spent nearly as much as the oldest old on average, with the group under age 45 averaging $10,038 and the 45 to 64 year-old group averaging $8,508 on health care. These expenditure levels reflect health status as well as institutionalization. Almost 37 percent of beneficiaries 85 years of age or older, and 60 percent of the disabled under 65, reported being in fair or poor health, compared with 23 percent of beneficiaries age 65 to 74 years.

Race and ethnicity do not seem to predispose beneficiaries to be high-cost users of medical services.[11] Figure 14 shows that the distribution of beneficiaries by race or ethnic group within the two high-cost groups is similar, with almost equal percentages of

Figure 14 High-Cost Medicare Beneficiaries by Race/Ethnicity, by Selected Characteristics, 1992
(Insurance holdings apply to community residents only)



[11] There is also little variation among cost groups by gender, or by living arrangement for community residents.

each race or ethnic group falling into the two high-cost groups. Non-Hispanic black, Hispanic, and other minority group beneficiaries reported being in poorer health and were more likely to have Medicaid coverage than non-Hispanic white beneficiaries. These factors would tend to increase expenditures for the former groups compared with non-Hispanic whites. On the other hand, beneficiaries in the minority groups were more likely than non-Hispanic white beneficiaries to have no supplemental insurance coverage, and were less likely than non-Hispanic whites to have resided in long-term care facilities in 1992. These factors would tend to decrease expenditures for the former groups compared with non-Hispanic white beneficiaries.

Summary

Aged and disabled persons on Medicare are responsible for a disproportionate share of national health care expenditures. Health care expenditures are also highly concentrated within the Medicare population. Twenty-three percent of Medicare beneficiaries were responsible for 78 percent of total health care outlays by the Medicare population in 1992, and 5 percent of beneficiaries consumed 37 percent of the total financial resources used to care for the Medicare population.

The high- and highest-cost user groups are a composite of vulnerable subpopulations, which include long-term care facility residents. Facility residents spent over 6 times the amount of community residents on average in 1992 ($30,808 vs. $5,054, respectively). Disabled beneficiaries residing in facilities were particularly expensive. While aged beneficiaries living in facilities had per capita health care expenditures of $28,888 in 1992, disabled beneficiaries living in facilities had per capita health care expenditures of $42,863. Medicare beneficiaries 85 years and older were also over-represented in the high-cost groups, primarily due to the percentage living in long-term care facilities. Their expenditures averaged $12,852 compared with $5,687 for beneficiaries age 65 to 84 years. Differences in total expenditures for aged community residents across the age groups were not large, however, with the oldest old averaging $6,142 and those 65 to 84 years old averaging $4,802. There was also little difference in health care expenditures for aged facility residents, averaging about $29,000 for each of the two groups.

High-cost users also included community residents in their last year of life, beneficiaries who were dually eligible for Medicare and Medicaid coverage, and ESRD beneficiaries, who predominantly lived in the community. Community residents who died in 1992 had total health care expenditures almost 4 times the average of others ($18,015 and $4,576, respectively). Per capita health care expenditures of $7,259 for dually-eligible beneficiaries were about 1.5 times per capita expenditures for beneficiaries with private Medigap or private employer-sponsored insurance, and 2 times per capita expenditures for beneficiaries with no supplemental health insurance. Per capita health care expenditures for ESRD beneficiaries living in the community were $49,730 compared with $4,801 for community residents without ESRD.

Although high-cost users belong to a variety of subpopulations within the Medicare population, they do have some common characteristics. The likelihood of belonging to the high- or highest-cost group of Medicare beneficiaries increased with poor health status, as measured by a beneficiary's report of his or her general health, limitations in activities of daily living, and the presence of chronic conditions or diseases. Among community residents, for example, per capita health care expenditures ranged from a low of $2,777 for beneficiaries in excellent health to a high of $11,905 for beneficiaries in poor health. Hospitalization was also strongly associated with large health care expenditures, particularly for community residents. Community residents with no inpatient hospital admissions averaged $2,124 in total health care expenditures, compared with $12,212 for beneficiaries who had at least one inpatient hospital stay, and $29,895 for beneficiaries with two or more stays in 1992.

5 DETAILED TABLES FROM THE MEDICARE CURRENT BENEFICIARY SURVEY DATA

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 1992 (1 of 4)

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Lang-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	36,785	34,343	1,872	570
	62	*98*	*65*	*31*
		Beneficiaries as a Percent of Column Total		
Medicare Status[1]				
Aged				
65 - 74 years	51.52	54.18	15.04	10.99
	0.26	*0.28*	*1.57*	*2.87*
75 - 84 years	28.81	28.59	27.64	46.18
	0.23	*0.25*	*1.59*	*3.67*
85 years and older	9.67	7.35	43.53	37.83
	0.15	*0.15*	*1.85*	*2.60*
Disabled				
Under 45 years	3.50	3.34	6.55	2.78
	0.05	*0.05*	*0.67*	*0.63*
45 - 64 years	6.51	6.54	7.24	2.22
	0.08	*0.09*	*0.76*	*0.90*
Gender by Age				
Male	42.92	43.77	30.32	33.10
	0.25	*0.27*	*1.54*	*3.37*
Aged				
65 - 74 years	23.01	24.21	6.77	4.06
	0.18	*0.20*	*1.05*	*1.51*
75 - 84 years	11.01	11.09	7.94	16.03
	0.16	*0.17*	*1.01*	*2.61*
85 years and older	2.76	2.39	7.06	10.99
	0.08	*0.09*	*0.74*	*1.77*
Disabled				
Under 45 years	2.18	2.08	4.08	1.64
	0.04	*0.04*	*0.47*	*0.63*
45 - 64 years	3.97	4.00	4.47	0.37
	0.07	*0.07*	*0.65*	*0.35*

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 1992 (2 of 4)

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence: Community Only	Residence: Long-Term Care Facility Only	Residence: Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	36,785	34,343	1,872	570
	62	*98*	*65*	*31*
		Beneficiaries as a Percent of Column Total		
Female	57.08	56.23	69.68	66.90
	0.25	*0.27*	*1.54*	*3.37*
Aged				
65 - 74 years	28.51	29.97	8.27	6.92
	0.26	*0.27*	*1.07*	*2.36*
75 - 84 years	17.80	17.49	19.70	30.15
	0.20	*0.21*	*1.36*	*3.40*
85 years and older	6.91	4.97	36.47	26.84
	0.13	*0.15*	*1.80*	*2.47*
Disabled				
Under 45 years	1.32	1.26	2.47	1.14
	0.03	*0.03*	*0.42*	*0.49*
45 - 64 years	2.54	2.54	2.77	1.84
	0.06	*0.07*	*0.44*	*0.83*
Race/Ethnicity by Age[2]				
White non-Hispanic	84.21	83.90	89.44	86.10
	0.55	*0.57*	*1.13*	*2.27*
Aged				
65 - 74 years	43.81	46.05	12.89	8.80
	0.37	*0.40*	*1.48*	*2.52*
75 - 84 years	24.80	24.59	24.14	40.15
	0.27	*0.29*	*1.52*	*4.05*
85 years and older	8.35	6.20	40.80	33.01
	0.16	*0.16*	*1.87*	*2.59*
Disabled				
Under 45 years	2.40	2.24	5.35	2.27
	0.06	*0.06*	*0.62*	*0.54*
45 - 64 years	4.85	4.82	6.25	1.86
	0.09	*0.10*	*0.72*	*0.84*

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 1992 (3 of 4)

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	36,785	34,343	1,872	570
	62	*98*	*65*	*31*
		Beneficiaries as a Percent of Column Total		
Black non-Hispanic	8.93	9.03	7.18	9.00
	0.18	*0.20*	*0.89*	*1.81*
Aged				
65 - 74 years	4.29	4.47	1.60	2.18
	0.14	*0.15*	*0.55*	*1.12*
75 - 84 years	2.14	2.12	2.26	2.91
	0.09	*0.10*	*0.46*	*0.86*
85 years and older	0.80	0.70	1.85	3.04
	0.04	*0.05*	*0.33*	*0.83*
Disabled				
Under 45 years	0.68	0.68	0.70	0.51
	0.03	*0.03*	*0.20*	*0.32*
45 - 64 years	1.03	1.05	0.77	0.35
	0.04	*0.04*	*0.24*	*0.35*
Hispanic	5.20	5.40	2.08	2.78
	0.55	*0.57*	*0.54*	*0.98*
Aged				
65 - 74 years	2.57	2.72	0.42	0.00
	0.28	*0.30*	*0.24*	*0.00*
75 - 84 years	1.41	1.45	0.52	1.78
	0.20	*0.21*	*0.26*	*0.83*
85 years and older	0.36	0.33	0.72	1.00
	0.08	*0.07*	*0.31*	*0.57*

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 1992 (4 of 4)

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence: Community Only	Residence: Long-Term Care Facility Only	Residence: Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	36,785	34,343	1,872	570
	62	*98*	*65*	*31*
		Beneficiaries as a Percent of Column Total		
Disabled				
Under 45 years	0.36	0.37	0.32	0.00
	0.04	*0.04*	*0.13*	*0.00*
45 - 64 years	0.50	0.53	0.11	0.00
	0.05	*0.06*	*0.11*	*0.00*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
2 Race/ethnicity percentages do not add to 100 percent because the category "Other Race/Ethnicity" is not included as a category in the table, although it is included in the total.

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 1992 (1 of 3)

All Medicare Beneficiaries

Beneficiary Characteristic	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	3,680	18,950	10,598	3,556	2,260	8,463	4,050	1,015	15,788	1,420	10,487	6,548	2,541	20,996
	62	*37*	*95*	*89*	*54*	*29*	*68*	*58*	*28*	*97*	*26*	*93*	*74*	*48*	*98*
						Beneficiaries as a Percent of Column Total									
Marital Status															
Married	53.22	41.42	65.59	45.73	21.72	46.50	79.14	71.71	53.99	70.95	33.33	54.65	29.64	8.83	39.88
	0.43	*1.03*	*0.71*	*0.88*	*0.93*	*1.39*	*0.94*	*1.14*	*2.40*	*0.63*	*1.78*	*0.85*	*0.96*	*0.88*	*0.53*
Widowed	31.26	7.18	21.58	44.10	69.64	3.21	8.86	18.36	38.81	12.41	13.50	31.84	60.03	81.96	45.44
	0.49	*0.63*	*0.68*	*0.92*	*1.10*	*0.55*	*0.63*	*1.08*	*2.45*	*0.51*	*1.34*	*0.91*	*1.07*	*1.14*	*0.63*
Divorced/separated	8.24	19.30	8.69	5.34	3.09	17.95	7.90	5.73	3.30	8.49	21.45	9.32	5.10	3.01	8.06
	0.27	*0.89*	*0.39*	*0.37*	*0.40*	*1.09*	*0.52*	*0.52*	*0.76*	*0.40*	*1.36*	*0.56*	*0.50*	*0.42*	*0.34*
Never married	7.28	32.10	4.15	4.84	5.55	32.33	4.10	4.19	3.91	8.15	31.73	4.19	5.24	6.21	6.62
	0.25	*0.93*	*0.29*	*0.41*	*0.51*	*1.14*	*0.42*	*0.51*	*0.88*	*0.36*	*1.66*	*0.40*	*0.56*	*0.67*	*0.31*
Living Arrangement															
Community															
Lives alone	27.00	18.46	22.26	35.33	36.23	17.21	12.55	19.05	24.41	15.65	20.44	30.10	45.40	40.95	35.53
	0.36	*0.87*	*0.65*	*0.78*	*1.17*	*1.12*	*0.76*	*1.12*	*2.13*	*0.50*	*1.49*	*0.95*	*1.08*	*1.49*	*0.56*
With spouse	51.17	39.86	64.09	43.31	17.46	45.26	77.68	68.33	45.42	68.57	31.27	53.13	27.84	6.29	38.09
	0.39	*1.08*	*0.68*	*0.87*	*0.84*	*1.40*	*0.93*	*1.20*	*2.25*	*0.60*	*1.78*	*0.85*	*0.95*	*0.69*	*0.50*
With children	9.13	8.93	6.79	10.84	16.74	3.98	3.33	5.28	11.89	4.47	16.82	9.59	14.27	18.67	12.64
	0.27	*0.57*	*0.37*	*0.52*	*0.92*	*0.62*	*0.42*	*0.63*	*1.26*	*0.30*	*1.18*	*0.55*	*0.72*	*1.23*	*0.39*
With others	7.61	25.73	5.37	5.64	6.67	26.47	4.94	3.67	5.26	7.71	24.56	5.71	6.86	7.23	7.53
	0.22	*1.00*	*0.33*	*0.38*	*0.67*	*1.21*	*0.53*	*0.45*	*0.91*	*0.34*	*1.54*	*0.42*	*0.54*	*0.85*	*0.29*
Long-Term Care Facility	5.09	7.01	1.49	4.88	22.91	7.08	1.50	3.67	13.02	3.59	6.90	1.48	5.63	26.86	6.21
	0.18	*0.59*	*0.18*	*0.34*	*0.88*	*0.72*	*0.26*	*0.50*	*1.32*	*0.25*	*0.85*	*0.21*	*0.43*	*1.30*	*0.23*
Race/Ethnicity															
White non-Hispanic	84.21	72.49	84.96	86.16	86.53	73.52	85.85	85.35	84.03	83.84	70.86	84.24	86.66	87.53	84.49
	0.55	*0.83*	*0.61*	*0.70*	*0.85*	*1.13*	*0.77*	*1.05*	*1.20*	*0.70*	*1.26*	*0.65*	*0.68*	*0.94*	*0.54*
Black non-Hispanic	8.93	17.13	8.32	7.42	8.24	16.66	7.60	6.91	7.94	8.74	17.89	8.90	7.73	8.36	9.08
	0.18	*0.44*	*0.26*	*0.30*	*0.39*	*0.62*	*0.35*	*0.46*	*0.63*	*0.29*	*0.79*	*0.35*	*0.35*	*0.47*	*0.20*
Hisponic	5.20	8.64	4.98	4.89	3.73	8.33	4.96	5.56	5.98	5.66	9.15	4.99	4.47	2.83	4.85
	0.55	*0.73*	*0.54*	*0.69*	*0.77*	*0.99*	*0.66*	*1.01*	*1.10*	*0.68*	*0.97*	*0.53*	*0.60*	*0.78*	*0.50*
Other	1.66	1.73	1.75	1.54	1.50	1.50	1.59	2.18	2.05	1.76	2.10	1.87	1.14	1.28	1.59
	0.15	*0.32*	*0.21*	*0.19*	*0.27*	*0.36*	*0.27*	*0.33*	*0.59*	*0.20*	*0.61*	*0.28*	*0.21*	*0.31*	*0.18*

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 1992 (2 of 3)

All Medicare Beneficiaries

Beneficiary Characteristic	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Tatal	< 65	65 - 74	75 - 84	85 +	Tatal
Beneficiaries (in 000s)	36,785	3,680	18,950	10,598	3,556	2,260	8,463	4,050	1,015	15,788	1,420	10,487	6,548	2,541	20,996
	62	*37*	*95*	*89*	*54*	*29*	*68*	*58*	*28*	*97*	*26*	*93*	*74*	*48*	*98*
								Beneficiaries as a Percent of Column Tatal							
Schaaling															
0 - 8 years	27.11	27.34	21.28	31.42	47.23	27.62	23.26	34.82	53.24	28.67	26.90	19.69	29.29	44.73	25.94
	0.74	*0.97*	*0.78*	*1.22*	*1.45*	*1.34*	*1.07*	*1.61*	*2.61*	*0.85*	*1.45*	*0.89*	*1.45*	*1.58*	*0.88*
9 - 11 years	16.25	20.19	15.52	17.49	12.16	20.65	15.48	14.92	12.09	15.86	19.44	15.55	19.10	12.19	16.54
	0.41	*1.02*	*0.58*	*0.67*	*0.79*	*1.44*	*0.92*	*1.01*	*1.42*	*0.66*	*1.35*	*0.66*	*0.88*	*0.95*	*0.49*
12 years	31.33	34.07	34.35	27.98	21.33	32.75	28.10	24.58	15.02	27.06	36.21	39.37	30.11	23.95	34.56
	0.60	*1.33*	*0.78*	*0.81*	*1.22*	*1.79*	*1.13*	*1.15*	*1.72*	*0.79*	*1.87*	*1.02*	*1.13*	*1.34*	*0.75*
13 - 15 years	12.94	12.46	14.30	11.60	9.78	13.30	13.42	10.60	8.82	12.40	11.10	15.00	12.24	10.17	13.35
	0.37	*0.84*	*0.57*	*0.59*	*0.76*	*1.14*	*0.89*	*0.84*	*1.20*	*0.60*	*1.23*	*0.80*	*0.76*	*0.91*	*0.47*
16 ar mare years	12.38	5.94	14.55	11.51	9.51	5.68	19.74	15.09	10.83	16.02	6.35	10.39	9.27	8.96	9.61
	0.45	*0.59*	*0.64*	*0.70*	*0.73*	*0.82*	*0.93*	*1.21*	*1.56*	*0.68*	*0.76*	*0.69*	*0.74*	*0.88*	*0.46*
Income															
Less than $2,500	3.43	5.53	2.87	3.49	4.09	6.07	2.25	3.25	4.21	3.18	4.67	3.36	3.64	4.04	3.62
	0.21	*0.56*	*0.30*	*0.28*	*0.46*	*0.70*	*0.37*	*0.56*	*0.84*	*0.29*	*0.75*	*0.39*	*0.34*	*0.51*	*0.26*
$2,500 - $4,999	4.40	7.98	3.25	3.83	8.56	7.19	2.05	2.91	5.46	3.23	9.23	4.22	4.39	9.79	5.29
	0.24	*0.61*	*0.28*	*0.42*	*0.55*	*0.75*	*0.34*	*0.47*	*0.81*	*0.29*	*0.97*	*0.38*	*0.52*	*0.69*	*0.31*
$5,000 - $7,499	15.45	29.34	10.55	16.14	25.12	25.85	6.55	7.36	14.39	10.02	34.88	13.78	21.57	29.40	19.52
	0.38	*1.13*	*0.44*	*0.59*	*1.11*	*1.25*	*0.56*	*0.68*	*1.29*	*0.44*	*1.73*	*0.66*	*0.81*	*1.45*	*0.51*
$7,500 - $9,999	12.92	14.48	10.27	15.54	17.56	15.80	7.29	9.90	14.66	9.65	12.39	12.68	19.03	18.72	15.37
	0.35	*0.83*	*0.48*	*0.67*	*1.02*	*0.99*	*0.66*	*0.82*	*1.63*	*0.49*	*1.26*	*0.62*	*0.88*	*1.20*	*0.42*
$10,000 - $14,999	19.09	16.11	18.43	21.63	18.17	16.49	16.94	22.61	19.85	18.52	15.51	19.63	21.02	17.50	19.53
	0.42	*0.92*	*0.58*	*0.81*	*0.84*	*1.04*	*0.81*	*1.31*	*1.72*	*0.62*	*1.57*	*0.79*	*0.92*	*0.98*	*0.55*
$15,000 - $19,999	12.48	9.15	14.25	11.33	9.96	10.54	15.26	13.25	13.85	13.98	6.93	13.43	10.15	8.41	11.36
	0.30	*0.66*	*0.46*	*0.56*	*0.66*	*0.86*	*0.72*	*1.01*	*1.33*	*0.52*	*1.05*	*0.66*	*0.59*	*0.82*	*0.40*
$20,000 - $24,999	9.72	5.71	12.06	8.58	4.85	6.11	14.72	12.05	8.55	12.41	5.07	9.90	6.44	3.37	7.71
	0.29	*0.44*	*0.46*	*0.56*	*0.51*	*0.68*	*0.73*	*1.02*	*1.32*	*0.49*	*0.73*	*0.55*	*0.54*	*0.50*	*0.33*
$25,000 - $29,999	5.57	3.68	6.35	5.56	3.45	4.00	7.11	7.35	5.07	6.60	3.18	5.73	4.46	2.81	4.81
	0.26	*0.39*	*0.38*	*0.46*	*0.48*	*0.58*	*0.55*	*0.81*	*0.96*	*0.36*	*0.58*	*0.46*	*0.47*	*0.50*	*0.32*
$30,000 ar mare	16.93	8.02	21.98	13.90	8.24	7.94	27.82	21.31	13.96	22.42	8.14	17.27	9.31	5.96	12.80
	0.47	*0.61*	*0.65*	*0.79*	*0.68*	*0.85*	*1.15*	*1.38*	*1.70*	*0.80*	*0.95*	*0.81*	*0.70*	*0.64*	*0.53*

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 1992 (3 of 3)

All Medicare Beneficiaries

Beneficiary Characteristic	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	3,680	18,950	10,598	3,556	2,260	8,463	4,050	1,015	15,788	1,420	10,487	6,548	2,541	20,996
	62	*37*	*95*	*89*	*54*	*29*	*68*	*58*	*28*	*97*	*26*	*93*	*74*	*48*	*98*
						Beneficiaries as a Percent of Column Total									
Metrapalitan Area Resident															
Yes	73.47	70.46	74.34	72.86	73.73	68.82	72.96	70.30	73.94	71.75	73.07	75.46	74.44	73.64	74.76
	0.37	*0.53*	*0.48*	*0.47*	*0.71*	*0.97*	*0.63*	*0.88*	*1.58*	*0.48*	*1.48*	*0.72*	*0.68*	*1.04*	*0.53*
No	26.53	29.54	25.66	27.14	26.27	31.18	27.04	29.70	26.06	28.25	26.93	24.54	25.56	26.36	25.24
	0.37	*0.53*	*0.48*	*0.47*	*0.71*	*0.97*	*0.63*	*0.88*	*1.58*	*0.48*	*1.48*	*0.72*	*0.68*	*1.04*	*0.53*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (1 of 3)

All Medicare Beneficiaries

Beneficiary Characteristic	Total[1]	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	2,656	16,067	9,097	3,063	30,883	628	1,574	783	292	3,276	317	941	516	132	1,906
	62	*41*	*135*	*101*	*58*	*209*	*17*	*50*	*34*	*14*	*65*	*27*	*103*	*73*	*27*	*203*
							Beneficiaries as a Percent of Column Total									
Gender																
Male	42.92	62.34	45.05	37.86	27.84	42.71	59.78	40.72	35.62	27.64	41.99	59.22	44.40	43.48	45.93	46.72
	0.25	*0.82*	*0.39*	*0.54*	*0.78*	*0.31*	*1.54*	*1.38*	*1.69*	*1.93*	*0.91*	*3.92*	*2.39*	*3.55*	*6.28*	*1.67*
Female	57.08	37.66	54.95	62.14	72.16	57.29	40.22	59.28	64.38	72.36	58.01	40.78	55.60	56.52	54.07	53.28
	0.25	*0.82*	*0.39*	*0.54*	*0.78*	*0.31*	*1.54*	*1.38*	*1.69*	*1.93*	*0.91*	*3.92*	*2.39*	*3.55*	*6.28*	*1.67*
Marital Status																
Married	53.22	44.48	68.35	46.75	22.16	55.37	26.09	43.57	32.31	12.79	34.82	47.82	59.15	46.98	30.74	51.98
	0.43	*1.14*	*0.67*	*1.01*	*1.03*	*0.46*	*2.43*	*2.90*	*2.34*	*2.30*	*1.71*	*3.70*	*3.37*	*4.02*	*5.47*	*1.85*
Widowed	31.26	6.88	20.07	43.66	69.60	30.78	8.95	34.71	53.62	76.58	37.97	5.55	22.26	39.40	52.62	26.27
	0.49	*0.75*	*0.69*	*1.03*	*1.21*	*0.54*	*1.45*	*2.24*	*2.56*	*2.88*	*1.47*	*1.98*	*2.88*	*4.51*	*6.98*	*1.42*
Divorced/ separated	8.24	17.00	7.54	4.66	2.45	7.00	28.09	15.68	9.69	7.25	15.89	20.31	16.36	8.79	8.77	14.43
	0.27	*0.96*	*0.39*	*0.36*	*0.37*	*0.27*	*1.91*	*1.88*	*1.84*	*2.47*	*1.11*	*3.66*	*2.44*	*2.04*	*3.02*	*1.57*
Never married	7.28	31.64	4.04	4.92	5.78	6.84	36.88	6.05	4.37	3.38	11.32	26.32	2.22	4.83	7.87	7.32
	0.25	*1.14*	*0.31*	*0.45*	*0.57*	*0.27*	*2.11*	*1.03*	*1.19*	*1.38*	*0.68*	*2.54*	*1.13*	*1.77*	*3.96*	*0.97*
Living Arrangement																
Community																
Lives alone	27.00	18.29	21.87	36.69	37.52	27.48	22.92	26.26	33.56	30.30	27.73	10.09	23.29	18.89	28.11	20.24
	0.36	*1.03*	*0.64*	*0.88*	*1.36*	*0.39*	*2.26*	*2.38*	*2.22*	*3.48*	*1.38*	*2.38*	*3.37*	*2.24*	*7.40*	*2.06*
With spouse	51.17	43.13	66.93	44.26	17.34	53.29	23.17	42.30	30.96	12.84	33.30	47.04	57.02	46.15	27.81	50.40
	0.39	*1.20*	*0.67*	*1.01*	*0.92*	*0.43*	*2.55*	*2.74*	*2.38*	*2.30*	*1.62*	*3.90*	*3.34*	*3.80*	*6.66*	*1.84*
With children	9.13	6.57	5.39	9.47	15.24	7.67	17.37	15.06	16.65	25.65	16.83	13.18	12.64	23.87	24.09	16.56
	0.27	*0.51*	*0.37*	*0.58*	*1.04*	*0.30*	*2.08*	*1.60*	*2.00*	*3.15*	*0.92*	*2.19*	*2.14*	*3.64*	*5.69*	*1.64*
With others	7.61	23.99	4.34	4.70	5.44	6.24	32.23	14.52	13.53	19.59	18.12	27.22	6.23	9.24	10.03	10.80
	0.22	*1.03*	*0.32*	*0.43*	*0.62*	*0.24*	*2.51*	*1.81*	*1.74*	*3.50*	*0.99*	*2.73*	*1.68*	*2.75*	*3.51*	*1.08*
Long-Term Care Facility	5.09	8.02	1.47	4.87	24.45	5.32	4.30	1.86	5.30	11.63	4.02	2.47	0.82	1.85	9.95	2.01
	0.18	*0.78*	*0.20*	*0.36*	*0.99*	*0.20*	*0.91*	*0.64*	*1.09*	*2.25*	*0.51*	*0.98*	*0.47*	*0.93*	*3.29*	*0.44*

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (2 of 3)

All Medicare Beneficiaries

Beneficiary Characteristic	Total[1]	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	2,656	16,067	9,097	3,063	30,883	628	1,574	783	292	3,276	317	941	516	132	1,906
	62	*41*	*135*	*101*	*58*	*209*	*17*	*50*	*34*	*14*	*65*	*27*	*103*	*73*	*27*	*203*
							Beneficiaries as a Percent of Column Total									
Schooling																
0 - 8 years	27.11	23.83	16.99	26.51	43.82	22.83	30.95	41.41	59.00	68.50	45.82	48.18	56.84	70.58	73.33	60.18
	0.74	*1.11*	*0.70*	*1.25*	*1.59*	*0.72*	*2.12*	*2.33*	*3.38*	*4.49*	*1.71*	*3.73*	*4.24*	*5.50*	*6.38*	*3.72*
9 - 11 years	16.25	19.41	15.08	18.49	12.16	16.18	24.62	23.14	15.95	16.53	21.17	17.60	11.16	6.16	3.17	10.36
	0.41	*1.22*	*0.63*	*0.74*	*0.89*	*0.44*	*2.18*	*1.84*	*2.14*	*3.18*	*1.11*	*3.75*	*2.45*	*1.54*	*2.37*	*1.76*
12 years	31.33	35.93	36.63	30.51	22.88	33.51	31.60	21.76	12.39	9.91	20.45	25.32	18.49	11.95	9.36	17.26
	0.60	*1.68*	*0.88*	*0.85*	*1.38*	*0.65*	*2.58*	*1.95*	*2.10*	*2.61*	*1.22*	*3.08*	*2.63*	*3.42*	*3.37*	*1.65*
13 - 15 years	12.94	13.94	15.22	12.42	10.74	13.88	9.31	8.85	5.70	2.15	7.63	5.95	7.22	6.00	7.71	6.72
	0.37	*1.03*	*0.64*	*0.65*	*0.89*	*0.44*	*1.68*	*1.47*	*1.23*	*1.08*	*0.80*	*1.34*	*1.57*	*2.16*	*3.53*	*1.21*
16 or more years	12.38	6.90	16.08	12.06	10.41	13.60	3.52	4.84	6.96	2.91	4.93	2.95	6.28	5.32	6.43	5.48
	0.45	*0.77*	*0.76*	*0.77*	*0.86*	*0.53*	*1.15*	*1.10*	*1.39*	*1.88*	*0.75*	*1.28*	*1.42*	*1.91*	*3.69*	*1.07*
Income																
Less than $2,500	3.43	5.15	2.52	3.08	3.92	3.05	4.73	3.68	4.37	3.22	4.00	8.17	6.24	7.14	6.34	6.81
	0.21	*0.60*	*0.32*	*0.29*	*0.47*	*0.21*	*1.12*	*0.97*	*1.10*	*1.37*	*0.53*	*2.64*	*1.82*	*1.63*	*3.11*	*1.36*
$2,500 - $4,999	4.40	6.97	2.52	2.99	6.92	3.48	10.75	6.96	6.72	19.76	8.77	12.35	8.19	13.44	19.35	11.07
	0.24	*0.69*	*0.25*	*0.37*	*0.51*	*0.22*	*1.47*	*1.72*	*1.41*	*2.89*	*0.78*	*2.88*	*1.69*	*4.31*	*4.73*	*2.22*
$5,000 - $7,499	15.45	25.15	7.69	14.02	22.64	12.54	45.32	29.60	34.30	45.61	35.16	33.12	23.82	22.32	32.77	25.58
	0.38	*1.19*	*0.41*	*0.56*	*1.18*	*0.33*	*2.96*	*2.16*	*3.15*	*3.41*	*1.69*	*3.00*	*2.59*	*3.18*	*6.10*	*1.95*
$7,500 - $9,999	12.92	15.17	9.27	14.35	18.21	12.16	11.47	15.45	22.58	11.74	16.06	12.59	16.57	25.25	17.09	18.30
	0.35	*1.08*	*0.48*	*0.70*	*1.15*	*0.34*	*1.60*	*1.65*	*2.17*	*2.59*	*1.03*	*2.08*	*2.82*	*2.88*	*3.93*	*1.88*
$10,000 - $14,999	19.09	17.00	18.84	22.59	19.56	19.86	14.29	13.53	13.70	7.05	13.14	13.93	21.44	17.52	11.54	18.45
	0.42	*1.18*	*0.65*	*0.89*	*0.95*	*0.46*	*1.77*	*1.86*	*1.60*	*2.05*	*1.11*	*2.38*	*2.15*	*3.35*	*3.71*	*1.83*
$15,000 - $19,999	12.48	9.96	14.77	11.95	10.88	13.14	5.97	12.76	9.81	4.68	10.03	9.38	8.78	3.60	3.80	7.13
	0.30	*0.84*	*0.53*	*0.61*	*0.75*	*0.34*	*0.98*	*1.68*	*2.00*	*1.68*	*1.13*	*2.41*	*1.68*	*1.59*	*2.11*	*1.08*
$20,000 - $24,999	9.72	6.82	13.01	9.39	5.51	10.67	2.38	5.42	4.05	0.61	4.08	3.14	6.87	2.90	1.53	4.80
	0.29	*0.61*	*0.50*	*0.63*	*0.57*	*0.32*	*0.67*	*1.15*	*1.07*	*0.62*	*0.55*	*1.69*	*1.80*	*1.51*	*2.25*	*1.13*
$25,000 - $29,999	5.57	4.62	7.00	6.18	3.64	6.22	1.20	3.73	1.30	3.33	2.63	0.81	1.79	2.93	0.00	1.81
	0.26	*0.53*	*0.41*	*0.55*	*0.52*	*0.30*	*0.50*	*0.90*	*0.70*	*1.35*	*0.49*	*0.66*	*0.82*	*1.39*	*0.00*	*0.57*
$30,000 or more	16.93	9.16	24.37	15.44	8.74	18.88	3.91	8.88	3.17	4.00	6.12	6.50	6.30	4.89	7.57	6.04
	0.47	*0.78*	*0.76*	*0.88*	*0.79*	*0.54*	*1.22*	*1.56*	*0.94*	*1.47*	*0.94*	*1.58*	*1.35*	*1.91*	*4.07*	*1.05*

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (3 of 3)

All Medicare Beneficiaries

Beneficiary Characteristic	Tatal[1]	White nan-Hispanic					Black nan-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Tatal	< 65	65 - 74	75 - 84	85 +	Tatal	< 65	65 - 74	75 - 84	85 +	Tatal
Beneficiaries (in 000s)	36,785	2,656	16,067	9,097	3,063	30,883	628	1,574	783	292	3,276	317	941	516	132	1,906
	62	*41*	*135*	*101*	*58*	*209*	*17*	*50*	*34*	*14*	*65*	*27*	*103*	*73*	*27*	*203*
							Beneficiaries as a Percent af Column Tatal									
Metrapalitan Area Resident																
Yes	73.47	67.64	73.18	71.87	73.60	72.36	73.41	76.87	76.04	74.27	75.77	87.40	85.25	82.73	76.61	84.32
	0.37	*1.04*	*0.64*	*0.62*	*1.02*	*0.57*	*3.22*	*2.27*	*3.38*	*3.52*	*1.96*	*5.41*	*6.30*	*9.59*	*11.80*	*7.29*
Na	26.53	32.36	26.82	28.13	26.40	27.64	26.59	23.13	23.96	25.73	24.23	12.60	14.75	17.27	23.39	15.68
	0.37	*1.04*	*0.64*	*0.62*	*1.02*	*0.57*	*3.22*	*2.27*	*3.38*	*3.52*	*1.96*	*5.41*	*6.30*	*9.59*	*11.80*	*7.29*

Source: Medicare Current Beneficiary Survey

Note: Standard errars are in blue and italics. See Appendix A far additianal infarmatian an standard errars. See Appendix B far definitians af terms and variables.

1 Tatal includes persons of other race/ethnicity and persans who did not report their race/ethnicity.

Table 1.4a Demographic and Sociaecanamic Characteristics of Naninstitutianalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (1 of 2)

Community Residents[1]

Beneficiory Chorocteristic	Totol	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol
Beneficiaries (in 000s)	34,913	679	4,219	3,744	1,288	9,931	1,467	12,145	4,590	621	18,823	1,276	2,304	1,746	832	6,158
	95	*33*	*127*	*92*	*46*	*136*	*41*	*137*	*97*	*33*	*149*	*42*	*95*	*67*	*42*	*131*
							Beneficiaries as a Percent of Column Totol									
Moritol Status																
Married	55.41	5.84	4.92	4.48	4.52	4.77	97.96	99.27	99.04	99.25	99.11	2.74	4.30	3.02	2.01	3.31
	0.46	*1.40*	*0.73*	*0.60*	*0.83*	*0.41*	*0.45*	*0.16*	*0.26*	*0.44*	*0.14*	*0.57*	*0.81*	*0.74*	*0.69*	*0.41*
Widowed	30.01	18.50	60.85	78.98	86.04	68.06	0.75	0.43	0.78	0.75	0.55	9.84	60.56	77.82	89.17	58.82
	0.50	*2.13*	*1.80*	*1.20*	*1.48*	*1.05*	*0.30*	*0.13*	*0.24*	*0.44*	*0.11*	*1.15*	*2.03*	*1.78*	*1.51*	*1.08*
Divorced/ separated	8.30	42.75	23.48	9.14	3.85	16.84	1.11	0.30	0.18	0.00	0.32	29.54	24.69	10.27	5.03	18.95
	0.28	*3.03*	*1.34*	*0.81*	*0.74*	*0.67*	*0.37*	*0.07*	*0.10*	*0.00*	*0.06*	*1.63*	*1.79*	*1.27*	*0.92*	*0.96*
Never married	6.28	32.91	10.75	7.40	5.59	10.33	0.19	0.00	0.00	0.00	0.01	57.88	10.45	8.89	3.79	18.92
	0.24	*2.54*	*1.00*	*0.86*	*0.89*	*0.67*	*0.11*	*0.00*	*0.00*	*0.00*	*0.01*	*1.79*	*1.18*	*1.38*	*0.96*	*0.82*
Roce/Ethnicity																
White non-Hispanic	83.93	72.00	83.28	89.43	89.48	85.63	78.24	88.62	88.01	85.57	87.57	63.73	68.52	73.82	76.13	70.07
	0.57	*2.49*	*1.28*	*0.74*	*1.42*	*0.75*	*1.62*	*0.63*	*1.14*	*1.73*	*0.66*	*1.36*	*1.79*	*1.80*	*1.88*	*1.05*
Black non-Hispanic	9.03	21.29	9.79	7.04	6.88	9.16	9.92	5.49	5.30	6.03	5.80	24.41	20.40	13.53	15.86	18.66
	0.19	*2.01*	*0.85*	*0.55*	*0.87*	*0.46*	*1.08*	*0.38*	*0.45*	*1.13*	*0.31*	*1.23*	*1.59*	*1.20*	*1.56*	*0.77*
Hispanic	5.36	4.74	5.20	2.61	2.89	3.89	10.18	4.42	5.20	5.92	5.11	10.04	7.78	9.78	5.42	8.50
	0.57	*1.14*	*1.03*	*0.50*	*1.21*	*0.67*	*1.32*	*0.51*	*1.00*	*1.26*	*0.60*	*0.93*	*1.12*	*1.32*	*0.98*	*0.73*
Other	1.68	1.97	1.73	0.91	0.75	1.31	1.66	1.47	1.49	2.48	1.52	1.82	3.29	2.87	2.60	2.77
	0.15	*0.68*	*0.41*	*0.28*	*0.36*	*0.20*	*0.56*	*0.24*	*0.28*	*0.79*	*0.18*	*0.50*	*0.69*	*0.60*	*0.77*	*0.38*
Schooling																
0 - 8 years	26.63	23.37	22.01	29.43	43.02	27.61	23.32	18.58	28.69	46.63	22.32	30.36	33.05	43.13	56.16	38.44
	0.75	*2.47*	*1.50*	*1.57*	*2.21*	*1.22*	*1.62*	*0.84*	*1.59*	*3.07*	*0.74*	*1.84*	*1.92*	*1.99*	*2.45*	*1.19*
9 - 11 years	16.44	21.18	16.04	20.40	14.62	17.85	22.12	14.98	15.24	7.25	15.35	18.87	17.64	18.06	14.01	17.53
	0.42	*2.06*	*1.17*	*1.05*	*1.22*	*0.66*	*1.67*	*0.73*	*1.02*	*1.46*	*0.62*	*1.44*	*1.69*	*1.57*	*1.57*	*0.81*
12 years	31.29	30.61	35.51	27.71	22.70	30.59	35.97	34.49	28.42	17.68	32.58	34.87	30.86	24.78	19.26	28.41
	0.62	*2.61*	*1.74*	*1.27*	*1.92*	*1.09*	*1.90*	*0.92*	*1.27*	*2.14*	*0.76*	*2.08*	*1.87*	*1.76*	*1.79*	*1.06*
13 - 15 years	13.13	15.37	14.40	11.74	11.28	13.06	13.09	15.23	13.42	11.98	14.52	10.71	9.99	7.40	6.37	8.92
	0.38	*2.17*	*1.25*	*0.89*	*1.40*	*0.69*	*1.28*	*0.71*	*0.95*	*1.73*	*0.53*	*1.07*	*1.25*	*1.09*	*1.22*	*0.63*
16 or more years	12.51	9.47	12.04	10.71	8.39	10.90	5.50	16.71	14.23	16.46	15.23	5.18	8.46	6.63	4.20	6.71
	0.46	*2.09*	*1.19*	*1.08*	*1.09*	*0.68*	*0.88*	*0.78*	*1.01*	*2.12*	*0.61*	*0.83*	*1.11*	*1.14*	*0.96*	*0.57*

Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (2 of 2)

Community Residents[1]

Beneficiary Charocteristic	Totol	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol
Beneficiories (in 000s)	34,913	679	4,219	3,744	1,288	9,931	1,467	12,145	4,590	621	18,823	1,276	2,304	1,746	832	6,158
	95	*33*	*127*	*92*	*46*	*136*	*41*	*137*	*97*	*33*	*149*	*42*	*95*	*67*	*42*	*131*
							Beneficiories os o Percent of Column Totol									
Income																
Less than $2,500	3.36	4.64	4.31	3.53	4.22	4.03	4.47	2.31	2.58	3.06	2.57	6.09	3.21	5.24	5.56	4.70
	0.22	*1.00*	*0.78*	*0.48*	*0.72*	*0.40*	*0.80*	*0.29*	*0.40*	*0.83*	*0.22*	*0.83*	*0.81*	*0.89*	*1.33*	*0.50*
$2,500 - $4,999	3.95	7.54	5.05	4.19	5.21	4.92	3.06	1.71	1.27	2.26	1.73	11.89	6.51	8.15	14.51	9.17
	0.25	*1.09*	*0.74*	*0.59*	*0.84*	*0.44*	*0.68*	*0.23*	*0.35*	*0.81*	*0.19*	*1.25*	*1.12*	*1.20*	*1.44*	*0.67*
$5,000 - $7,499	14.37	40.37	20.21	23.13	26.13	23.46	8.13	3.76	3.68	3.96	4.09	45.40	25.74	27.92	31.13	31.16
	0.37	*2.42*	*1.20*	*1.18*	*1.90*	*0.80*	*0.97*	*0.32*	*0.60*	*1.09*	*0.29*	*2.13*	*1.84*	*1.83*	*2.32*	*1.10*
$7,500 - $9,999	12.72	18.27	16.85	21.52	20.91	19.23	10.76	6.00	7.86	8.06	6.89	16.88	20.11	22.55	19.44	20.04
	0.36	*1.89*	*1.26*	*1.14*	*1.72*	*0.78*	*1.15*	*0.48*	*1.01*	*1.65*	*0.47*	*1.43*	*1.71*	*1.99*	*2.30*	*0.93*
$10,000 - $14,999	19.46	16.99	20.71	23.84	20.25	21.58	20.56	17.66	21.76	23.09	19.06	12.03	19.15	19.57	15.05	17.24
	0.44	*1.93*	*1.17*	*1.25*	*1.66*	*0.70*	*1.70*	*0.71*	*1.19*	*2.45*	*0.60*	*1.20*	*1.52*	*2.11*	*1.61*	*0.97*
$15,000 - $19,999	12.82	4.00	11.32	8.34	9.99	9.52	18.10	16.09	15.77	17.12	16.20	3.03	11.11	7.60	6.51	7.82
	0.32	*1.03*	*1.06*	*0.77*	*1.13*	*0.55*	*1.30*	*0.60*	*1.03*	*1.81*	*0.46*	*0.64*	*1.42*	*1.23*	*1.56*	*0.68*
$20,000 - $24,999	9.98	4.48	7.91	4.58	3.79	5.89	10.32	14.84	14.29	10.70	14.22	1.51	5.66	2.79	2.92	3.62
	0.30	*1.31*	*0.95*	*0.66*	*0.80*	*0.54*	*0.96*	*0.61*	*0.95*	*1.65*	*0.44*	*0.45*	*1.00*	*0.70*	*0.82*	*0.44*
$25,000 - $29,999	5.79	1.66	3.43	3.89	3.35	3.47	7.68	8.31	8.11	7.92	8.20	0.91	2.12	3.60	1.39	2.19
	0.27	*0.51*	*0.55*	*0.59*	*0.77*	*0.34*	*0.91*	*0.54*	*0.89*	*1.44*	*0.44*	*0.35*	*0.54*	*0.76*	*0.66*	*0.34*
$30,000 or more	17.55	2.06	10.21	6.97	6.15	7.90	16.93	29.33	24.69	23.84	27.05	2.26	6.40	2.58	3.48	4.07
	0.49	*1.20*	*1.09*	*0.70*	*0.84*	*0.59*	*1.39*	*0.96*	*1.49*	*2.48*	*0.83*	*0.53*	*1.03*	*0.69*	*0.83*	*0.47*
Metropaliton Area Resident																
Yes	73.56	70.05	75.92	72.26	70.47	73.43	65.72	73.86	71.67	75.34	72.74	73.90	74.39	78.92	79.60	76.28
	0.40	*2.14*	*1.28*	*1.15*	*1.61*	*0.69*	*1.24*	*0.53*	*1.05*	*2.10*	*0.47*	*1.18*	*1.63*	*1.37*	*2.05*	*0.90*
No	26.44	29.95	24.08	27.74	29.53	26.57	34.28	26.14	28.33	24.66	27.26	26.10	25.61	21.08	20.40	23.72
	0.40	*2.14*	*1.28*	*1.15*	*1.61*	*0.69*	*1.24*	*0.53*	*1.05*	*2.10*	*0.47*	*1.18*	*1.63*	*1.37*	*2.05*	*0.90*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A far additional information an standard errors. See Appendix B for definitions of terms and variables.

1 The term *community residents* includes beneficiories who resided only in the community during the yeor, ond beneficiories who resided port of the yeor in the community ond port of the yeor in o long-term core focility. It excludes beneficiories who resided only in o long-term core focility during the yeor.

Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 1992 (1 of 2)

Male Community Residents[1]

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	15,221	389	1,063	772	248	2,471	1,023	6,574	2,768	461	10,825	688	700	362	174	1,924
	101	*27*	*64*	*46*	*24*	*80*	*34*	*95*	*62*	*25*	*119*	*28*	*51*	*31*	*17*	*68*
							Beneficiaries as a Percent of Column Total									
Marital Status																
Married	72.59	6.46	5.73	9.65	16.20	8.12	97.71	99.42	99.09	99.33	99.17	2.99	6.86	8.64	5.43	5.68
	0.66	*1.60*	*1.54*	*1.76*	*3.18*	*1.04*	*0.64*	*0.18*	*0.31*	*0.48*	*0.18*	*0.81*	*2.05*	*2.34*	*2.44*	*0.99*
Widowed	12.04	8.67	41.13	59.09	73.59	44.89	0.78	0.27	0.62	0.67	0.42	4.49	40.79	61.76	80.16	35.34
	0.52	*1.92*	*2.85*	*3.06*	*3.78*	*2.00*	*0.38*	*0.13*	*0.26*	*0.48*	*0.11*	*1.08*	*3.91*	*4.29*	*4.39*	*2.03*
Divorced/ separated	8.45	43.54	33.67	19.34	5.34	27.90	1.34	0.31	0.29	0.00	0.39	29.86	38.97	17.13	8.67	28.86
	0.42	*3.48*	*2.49*	*2.29*	*1.70*	*1.49*	*0.50*	*0.14*	*0.17*	*0.00*	*0.11*	*2.28*	*3.46*	*3.32*	*2.95*	*1.85*
Never married	6.92	41.33	19.48	11.92	4.87	19.09	0.17	0.00	0.00	0.00	0.02	62.66	13.39	12.47	5.75	30.12
	0.33	*3.24*	*2.29*	*1.97*	*1.57*	*1.47*	*0.13*	*0.00*	*0.00*	*0.00*	*0.01*	*2.28*	*2.54*	*2.78*	*2.65*	*1.66*
Race/Ethnicity																
White non-Hispanic	83.68	70.69	81.89	87.56	85.72	82.29	78.87	88.19	86.63	84.01	86.73	65.20	67.94	70.53	76.11	68.20
	0.72	*2.92*	*2.43*	*2.02*	*2.84*	*1.37*	*1.95*	*0.75*	*1.35*	*2.04*	*0.79*	*1.90*	*3.85*	*4.28*	*4.08*	*1.84*
Black non-Hispanic	8.77	23.30	10.29	8.03	7.46	11.34	9.97	5.77	5.47	5.87	6.10	23.63	22.09	14.30	15.92	20.59
	0.30	*2.65*	*1.65*	*1.42*	*2.01*	*1.02*	*0.98*	*0.52*	*0.56*	*1.33*	*0.40*	*1.67*	*3.08*	*3.08*	*3.56*	*1.44*
Hispanic	5.77	4.84	7.19	3.80	5.26	5.57	9.43	4.51	5.70	6.78	5.38	9.68	6.02	10.45	7.11	8.29
	0.69	*1.27*	*2.02*	*1.44*	*2.16*	*1.17*	*1.73*	*0.59*	*1.21*	*1.53*	*0.73*	*1.21*	*1.93*	*3.00*	*2.67*	*1.01*
Other	1.78	1.16	0.63	0.61	1.57	0.80	1.73	1.54	2.20	3.34	1.80	1.49	3.94	4.72	0.86	2.92
	0.19	*0.68*	*0.45*	*0.59*	*1.17*	*0.29*	*0.73*	*0.31*	*0.42*	*1.05*	*0.23*	*0.44*	*1.54*	*1.51*	*0.87*	*0.64*
Schooling																
0 - 8 years	28.36	21.65	26.40	40.59	50.43	32.50	24.80	21.07	31.00	50.24	25.18	31.49	37.80	54.91	65.16	41.21
	0.85	*2.93*	*2.52*	*2.54*	*4.58*	*1.80*	*2.19*	*1.10*	*2.01*	*3.83*	*0.98*	*2.12*	*3.54*	*4.13*	*4.60*	*1.83*
9 - 11 years	15.97	18.55	19.32	18.59	18.66	18.91	22.47	14.76	14.88	8.13	15.25	20.71	16.85	7.53	15.08	16.29
	0.67	*2.34*	*2.75*	*2.33*	*3.12*	*1.33*	*2.05*	*0.98*	*1.23*	*1.78*	*0.79*	*2.35*	*3.32*	*2.32*	*3.52*	*1.46*
12 years	26.87	31.33	25.15	17.98	16.53	23.01	33.90	28.87	25.88	14.13	27.97	32.80	23.32	22.75	12.00	25.58
	0.80	*3.28*	*2.90*	*2.26*	*3.34*	*1.74*	*2.60*	*1.21*	*1.44*	*2.32*	*0.92*	*2.86*	*2.86*	*3.80*	*3.45*	*1.74*
13 - 15 years	12.54	17.35	12.45	9.16	7.83	11.72	13.82	13.98	11.64	12.22	13.29	10.76	11.10	5.97	2.96	9.29
	0.61	*2.65*	*2.08*	*1.98*	*2.43*	*1.21*	*1.74*	*1.03*	*1.19*	*2.34*	*0.75*	*1.53*	*2.35*	*2.11*	*2.03*	*1.15*
16 or more years	16.26	11.14	16.68	13.69	6.55	13.87	5.02	21.31	16.59	15.29	18.31	4.23	10.94	8.84	4.80	7.63
	0.69	*3.02*	*2.52*	*2.05*	*2.28*	*1.33*	*1.04*	*1.05*	*1.49*	*2.62*	*0.87*	*1.08*	*2.46*	*2.48*	*2.10*	*1.15*

Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 1992 (2 of 2)

Male Community Residents[1]

Beneficiary Characteristic	Total	Lives Alone					Lives with Spause					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	15,221	389	1,063	772	248	2,471	1,023	6,574	2,768	461	10,825	688	700	362	174	1,924
	101	*27*	*64*	*46*	*24*	*80*	*34*	*95*	*62*	*25*	*119*	*28*	*51*	*31*	*17*	*68*
							Beneficiaries as a Percent of Column Total									
Income																
Less than $2,500	3.09	4.94	5.46	3.22	3.30	4.46	5.30	1.74	2.77	4.12	2.44	6.72	2.66	5.10	6.97	4.96
	0.30	*1.33*	*1.50*	*0.96*	*1.50*	*0.74*	*1.01*	*0.33*	*0.63*	*1.10*	*0.27*	*1.23*	*1.49*	*2.11*	*2.60*	*0.85*
$2,500 - $4,999	2.77	7.88	4.69	5.35	4.30	5.36	2.11	1.26	1.30	1.48	1.36	11.17	3.12	6.39	12.27	7.44
	0.30	*1.47*	*1.36*	*1.39*	*1.99*	*0.91*	*0.68*	*0.28*	*0.41*	*0.87*	*0.23*	*1.59*	*1.06*	*2.35*	*2.71*	*0.87*
$5,000 - $7,499	9.40	36.11	17.63	16.94	19.52	20.51	8.04	3.08	2.90	4.12	3.55	43.87	19.28	17.46	22.37	28.01
	0.44	*3.14*	*2.16*	*2.53*	*2.97*	*1.35*	*1.30*	*0.45*	*0.57*	*1.30*	*0.35*	*2.38*	*3.10*	*3.74*	*4.41*	*1.86*
$7,500 - $9,999	9.40	19.01	10.87	13.44	17.16	13.59	12.55	5.35	7.40	9.65	6.74	18.95	18.84	18.11	21.28	18.96
	0.50	*2.32*	*2.11*	*2.04*	*2.77*	*1.34*	*1.38*	*0.59*	*1.10*	*1.98*	*0.53*	*1.85*	*3.14*	*2.65*	*4.02*	*1.50*
$10,000 - $14,999	18.72	18.24	21.59	28.92	23.30	23.52	20.00	15.70	20.83	22.43	17.70	12.18	21.36	25.66	14.35	18.25
	0.64	*2.83*	*2.51*	*2.78*	*3.18*	*1.63*	*1.64*	*0.98*	*1.48*	*2.84*	*0.74*	*1.70*	*2.50*	*4.18*	*3.83*	*1.39*
$15,000 - $19,999	14.25	3.49	12.46	9.37	14.05	10.24	19.65	15.69	14.96	15.64	15.87	3.20	16.56	11.41	10.40	10.26
	0.53	*1.28*	*1.96*	*1.89*	*3.06*	*1.07*	*1.65*	*0.74*	*1.31*	*2.07*	*0.63*	*0.88*	*3.11*	*2.75*	*3.28*	*1.43*
$20,000 - $24,999	12.56	4.91	9.20	5.99	8.37	7.44	10.54	16.40	14.91	11.16	15.24	0.57	7.90	3.68	3.29	4.07
	0.50	*1.84*	*1.79*	*1.61*	*2.89*	*1.12*	*1.37*	*0.90*	*1.28*	*2.04*	*0.61*	*0.35*	*2.15*	*1.63*	*1.80*	*0.92*
$25,000 - $29,999	6.81	2.33	3.89	4.87	3.99	3.96	7.33	8.17	8.26	7.82	8.10	0.92	3.32	7.35	3.17	3.21
	0.37	*1.01*	*1.13*	*1.39*	*1.70*	*0.61*	*1.18*	*0.64*	*0.98*	*1.69*	*0.45*	*0.45*	*1.26*	*2.00*	*1.82*	*0.64*
$30,000 or more	23.01	3.08	14.21	11.89	6.01	10.91	14.46	32.62	26.67	23.59	29.00	2.42	6.96	4.85	5.91	4.84
	0.83	*2.04*	*2.55*	*2.25*	*2.29*	*1.49*	*1.84*	*1.30*	*1.86*	*2.96*	*1.08*	*0.75*	*1.88*	*2.04*	*2.49*	*0.90*
Metropolitan Area Resident																
Yes	71.80	67.57	72.96	71.57	67.53	71.14	64.61	72.97	69.64	75.20	71.43	72.75	73.11	77.33	83.38	74.71
	0.51	*3.01*	*2.44*	*3.06*	*4.70*	*1.54*	*1.85*	*0.70*	*1.25*	*2.51*	*0.56*	*2.00*	*2.18*	*2.95*	*2.64*	*1.37*
No	28.20	32.43	27.04	28.43	32.47	28.86	35.39	27.03	30.36	24.80	28.57	27.25	26.89	22.67	16.62	25.29
	0.51	*3.01*	*2.44*	*3.06*	*4.70*	*1.54*	*1.85*	*0.70*	*1.25*	*2.51*	*0.56*	*2.00*	*2.18*	*2.95*	*2.64*	*1.37*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

Table 1.4c Demographic and Socioecanamic Characteristics af Naninstitutianalized Female Medicare Beneficiaries, by Living Arrangement and Age, 1992 (1 af 2)

Female Community Residents[1]

Beneficiary Characteristic	Tatal	Lives Alane					Lives with Spause					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Tatal	< 65	65 - 74	75 - 84	85 +	Tatal	< 65	65 - 74	75 - 84	85 +	Tatal
Beneficiaries (in 000s)	19,692	290	3,157	2,973	1,041	7,460	444	5,571	1,823	160	7,998	588	1,604	1,384	658	4,234
	109	*21*	*102*	*82*	*44*	*123*	*27*	*102*	*61*	*18*	*110*	*29*	*79*	*62*	*41*	*110*
							Beneficiaries as a Percent of Column Tatal									
Marital Status																
Married	42.12	5.01	4.64	3.14	1.74	3.65	98.52	99.09	98.96	99.02	99.02	2.45	3.18	1.55	1.10	2.23
	0.55	*1.98*	*0.77*	*0.56*	*0.68*	*0.42*	*0.65*	*0.27*	*0.39*	*0.98*	*0.23*	*0.87*	*0.84*	*0.63*	*0.59*	*0.39*
Widawed	43.90	31.67	67.48	84.15	89.01	75.73	0.67	0.63	1.04	0.98	0.73	16.12	69.19	82.03	91.57	69.51
	0.65	*3.72*	*1.88*	*1.25*	*1.48*	*1.11*	*0.45*	*0.22*	*0.39*	*0.98*	*0.20*	*2.13*	*2.24*	*1.77*	*1.39*	*1.13*
Divarced/ separated	8.19	41.69	20.06	6.49	3.49	13.18	0.59	0.29	0.00	0.00	0.23	29.16	18.47	8.46	4.06	14.45
	0.35	*4.33*	*1.44*	*0.80*	*0.84*	*0.73*	*0.44*	*0.13*	*0.00*	*0.00*	*0.10*	*2.26*	*1.88*	*1.23*	*0.83*	*0.95*
Never married	5.79	21.63	7.82	6.22	5.76	7.43	0.22	0.00	0.00	0.00	0.01	52.26	9.16	7.95	3.28	13.82
	0.31	*3.44*	*1.00*	*0.92*	*1.03*	*0.67*	*0.22*	*0.00*	*0.00*	*0.00*	*0.01*	*2.46*	*1.49*	*1.50*	*1.03*	*0.82*
Race/Ethnicity																
White non-Hispanic	84.13	73.76	83.75	89.92	90.37	86.74	76.80	89.14	90.10	90.06	88.70	62.01	68.77	74.68	76.14	70.91
	0.57	*3.51*	*1.39*	*0.90*	*1.64*	*0.84*	*2.44*	*0.83*	*1.36*	*3.27*	*0.76*	*2.17*	*1.93*	*1.99*	*2.10*	*1.18*
Black non-Hispanic	9.22	18.59	9.62	6.79	6.74	8.44	9.82	5.15	5.04	6.50	5.41	25.33	19.69	13.33	15.84	17.80
	0.21	*2.54*	*0.89*	*0.69*	*1.02*	*0.48*	*2.08*	*0.45*	*0.77*	*2.77*	*0.39*	*1.94*	*1.69*	*1.35*	*1.63*	*0.81*
Hispanic	5.04	4.59	4.52	2.30	2.33	3.34	11.89	4.32	4.45	3.44	4.75	10.46	8.53	9.61	4.97	8.60
	0.52	*1.61*	*0.97*	*0.48*	*1.25*	*0.65*	*1.69*	*0.56*	*1.00*	*1.67*	*0.55*	*1.60*	*1.43*	*1.38*	*1.02*	*0.91*
Other	1.61	3.06	2.10	0.99	0.56	1.48	1.49	1.39	0.41	0.00	1.14	2.20	3.01	2.38	3.06	2.70
	0.19	*1.32*	*0.50*	*0.33*	*0.38*	*0.24*	*0.78*	*0.34*	*0.32*	*0.00*	*0.27*	*0.91*	*0.84*	*0.65*	*1.01*	*0.48*
Schaaling																
0 - 8 years	25.29	25.68	20.53	26.51	41.26	25.99	19.89	15.66	25.20	36.35	18.47	29.03	31.00	40.05	53.85	37.19
	0.90	*4.01*	*1.56*	*1.84*	*2.55*	*1.33*	*2.46*	*1.06*	*2.04*	*5.23*	*0.91*	*2.47*	*2.32*	*2.02*	*2.71*	*1.31*
9 - 11 years	16.80	24.70	14.94	20.88	13.66	17.50	21.32	15.24	15.77	4.74	15.48	16.71	17.99	20.82	13.74	18.09
	0.52	*3.41*	*1.27*	*1.28*	*1.40*	*0.80*	*2.66*	*0.83*	*1.59*	*2.43*	*0.76*	*2.13*	*1.86*	*1.95*	*1.84*	*1.05*
12 years	34.70	29.66	38.99	30.25	24.16	33.10	40.80	41.08	32.26	27.80	38.80	37.31	34.11	25.32	21.12	29.68
	0.79	*3.78*	*1.92*	*1.55*	*2.07*	*1.20*	*3.42*	*1.40*	*2.29*	*4.09*	*1.19*	*2.76*	*2.37*	*1.90*	*2.17*	*1.25*
13 - 15 years	13.59	12.72	15.06	12.42	12.10	13.50	11.39	16.71	16.10	11.31	16.17	10.66	9.51	7.77	7.24	8.75
	0.48	*2.59*	*1.57*	*1.00*	*1.52*	*0.82*	*2.43*	*1.02*	*1.51*	*3.49*	*0.79*	*1.55*	*1.44*	*1.26*	*1.43*	*0.75*
16 ar more years	9.62	7.24	10.48	9.94	8.82	9.91	6.61	11.31	10.66	19.80	11.08	6.29	7.39	6.05	4.05	6.29
	0.46	*2.47*	*1.18*	*1.14*	*1.24*	*0.69*	*1.53*	*0.95*	*1.30*	*4.14*	*0.74*	*1.28*	*1.13*	*1.16*	*1.15*	*0.61*

Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 1992 (2 of 2)

Female Community Residents[1]

Beneficiory Chorocteristic	Totol	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Totol
Beneficiories (in 000s)	19,692	290	3,157	2,973	1,041	7,460	444	5,571	1,823	160	7,998	588	1,604	1,384	658	4,234
	109	*21*	*102*	*82*	*44*	*123*	*27*	*102*	*61*	*18*	*110*	*29*	*79*	*62*	*41*	*110*
							Beneficiories os o Percent of Column Totol									
Income																
Less thon $2,500	3.57	4.23	3.92	3.62	4.44	3.88	2.55	2.98	2.29	0.00	2.74	5.34	3.45	5.27	5.19	4.58
	0.28	*1.46*	*0.76*	*0.58*	*0.82*	*0.42*	*0.94*	*0.47*	*0.54*	*0.00*	*0.36*	*1.11*	*0.96*	*0.99*	*1.36*	*0.62*
$2,500 - $4,999	4.85	7.07	5.17	3.89	5.42	4.77	5.23	2.25	1.23	4.48	2.23	12.74	7.99	8.62	15.10	9.96
	0.30	*1.83*	*0.75*	*0.60*	*0.93*	*0.45*	*1.67*	*0.41*	*0.53*	*1.92*	*0.36*	*1.88*	*1.47*	*1.43*	*1.77*	*0.87*
$5,000 - $7,499	18.22	46.08	21.07	24.74	27.71	24.43	8.35	4.56	4.85	3.50	4.81	47.19	28.55	30.66	33.45	32.59
	0.50	*3.51*	*1.47*	*1.22*	*2.20*	*0.95*	*1.63*	*0.51*	*1.32*	*1.96*	*0.46*	*3.06*	*2.44*	*2.10*	*2.94*	*1.34*
$7,500 - $9,999	15.29	17.27	18.86	23.62	21.80	21.10	6.63	6.75	8.55	3.49	7.09	14.46	20.66	23.71	18.96	20.53
	0.43	*3.04*	*1.37*	*1.27*	*1.97*	*0.79*	*1.64*	*0.76*	*1.37*	*1.85*	*0.63*	*2.05*	*2.12*	*2.55*	*2.70*	*1.26*
$10,000 - $14,999	20.03	15.31	20.42	22.52	19.52	20.93	21.83	19.97	23.17	24.99	20.90	11.85	18.18	17.98	15.23	16.78
	0.57	*2.73*	*1.45*	*1.33*	*2.03*	*0.86*	*3.42*	*1.09*	*1.85*	*4.70*	*0.90*	*1.58*	*2.06*	*2.46*	*1.82*	*1.26*
$15,000 - $19,999	11.72	4.68	10.94	8.07	9.03	9.29	14.53	16.57	17.00	21.38	16.65	2.84	8.73	6.60	5.48	6.71
	0.42	*1.78*	*1.27*	*0.87*	*1.25*	*0.66*	*2.62*	*1.08*	*1.53*	*4.24*	*0.89*	*0.84*	*1.43*	*1.22*	*1.85*	*0.70*
$20,000 - $24,999	7.98	3.91	7.48	4.22	2.70	5.37	9.80	13.00	13.35	9.39	12.83	2.60	4.68	2.56	2.83	3.41
	0.34	*1.61*	*0.99*	*0.63*	*0.70*	*0.52*	*1.63*	*0.84*	*1.30*	*3.11*	*0.67*	*0.94*	*1.06*	*0.73*	*0.89*	*0.51*
$25,000 - $29,999	5.01	0.75	3.28	3.63	3.20	3.31	8.47	8.47	7.88	8.19	8.33	0.90	1.60	2.62	0.91	1.73
	0.34	*0.76*	*0.58*	*0.63*	*0.86*	*0.39*	*1.52*	*0.84*	*1.34*	*2.96*	*0.74*	*0.50*	*0.64*	*0.80*	*0.53*	*0.38*
$30,000 or more	13.33	0.69	8.86	5.69	6.18	6.91	22.61	25.46	21.68	24.58	24.42	2.08	6.15	1.98	2.84	3.71
	0.55	*0.41*	*1.14*	*0.70*	*0.99*	*0.62*	*2.44*	*1.35*	*1.79*	*4.43*	*1.09*	*0.91*	*1.25*	*0.57*	*0.90*	*0.55*
Metropoliton Areo Resident																
Yes	74.93	73.38	76.92	72.45	71.16	74.19	68.30	74.90	74.74	75.77	74.52	75.24	74.95	79.34	78.60	77.00
	0.57	*2.95*	*1.47*	*1.31*	*1.89*	*0.84*	*3.14*	*0.92*	*1.38*	*4.64*	*0.69*	*2.52*	*2.23*	*1.56*	*2.48*	*1.21*
No	25.07	26.62	23.08	27.55	28.84	25.81	31.70	25.10	25.26	24.23	25.48	24.76	25.05	20.66	21.40	23.00
	0.57	*2.95*	*1.47*	*1.31*	*1.89*	*0.84*	*3.14*	*0.92*	*1.38*	*4.64*	*0.69*	*2.52*	*2.23*	*1.56*	*2.48*	*1.21*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 1992 (1 of 2)

Long-Term Care Facility-Only Residents[1]

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,872	258	282	517	815
	65	*22*	*35*	*36*	*32*
		Beneficiaries as a Percent of Column Total			
Marital Status					
Married	11.82	4.04	20.39	14.41	9.73
	1.11	*1.60*	*5.09*	*2.53*	*1.34*
Widowed	54.94	0.76	27.67	62.72	76.44
	1.60	*0.76*	*5.64*	*3.68*	*1.80*
Divorced/separated	7.16	10.45	18.58	7.11	2.27
	1.08	*2.53*	*5.06*	*1.76*	*0.62*
Never married	26.07	84.75	33.36	15.75	11.56
	1.45	*3.07*	*5.50*	*2.61*	*1.47*
Race/Ethnicity					
White non-Hispanic	89.44	85.06	85.09	87.81	93.34
	1.13	*2.76*	*4.06*	*2.19*	*1.12*
Black non-Hispanic	7.18	10.78	10.54	8.23	4.23
	0.89	*2.25*	*3.47*	*1.64*	*0.73*
Hispanic	2.08	3.12	2.77	1.89	1.64
	0.54	*1.26*	*1.58*	*0.97*	*0.70*
Other	1.30	1.05	1.60	2.07	0.80
	0.51	*0.74*	*1.63*	*1.23*	*0.45*
Schooling					
0 - 8 years	41.18	54.48	37.20	30.76	44.53
	2.69	*5.56*	*8.90*	*4.28*	*3.03*
9 - 11 years	10.72	9.78	12.67	12.85	9.04
	1.34	*2.71*	*4.52*	*2.80*	*1.72*
12 years	32.35	25.79	42.19	41.51	25.45
	2.61	*5.05*	*7.99*	*4.43*	*2.82*
13 - 15 years	7.32	8.41	3.21	6.74	8.71
	1.11	*2.48*	*2.31*	*2.07*	*1.61*
16 or more years	8.42	1.53	4.73	8.16	12.26
	1.29	*0.89*	*3.59*	*2.54*	*2.04*

Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 1992 (2 of 2)

Long-Term Care Facility-Only Residents[1]

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,872	258	282	517	815
	65	*22*	*35*	*36*	*32*
		Beneficiaries as a Percent of Column Total			
Income					
Less than $2,500	4.81	11.19	2.67	5.39	3.15
	0.88	*2.83*	*1.72*	*1.96*	*0.73*
$2,500 - $4,999	12.93	17.77	16.25	9.28	12.57
	1.10	*2.94*	*3.83*	*2.04*	*1.48*
$5,000 - $7,499	35.46	41.14	34.44	36.32	33.48
	1.66	*3.11*	*5.27*	*3.65*	*2.28*
$7,500 - $9,999	16.55	13.91	15.51	16.82	17.57
	1.46	*2.70*	*4.24*	*3.11*	*2.01*
$10,000 - $14,999	12.30	8.79	11.51	11.29	14.33
	1.14	*2.18*	*4.08*	*1.85*	*1.46*
$15,000 - $19,999	6.14	2.04	4.35	6.23	8.00
	0.78	*1.07*	*2.47*	*1.55*	*1.12*
$20,000 - $24,999	5.00	3.60	6.46	6.44	4.03
	0.88	*1.49*	*3.55*	*1.60*	*0.81*
$25,000 - $29,999	1.49	0.00	0.00	1.72	2.32
	0.37	*0.00*	*0.00*	*0.84*	*0.73*
$30,000 or more	5.32	1.58	8.80	6.51	4.54
	0.96	*0.76*	*3.77*	*1.97*	*1.08*
Metropaliton Area Resident					
Yes	71.71	81.19	71.35	67.28	71.65
	1.55	*3.26*	*4.95*	*3.11*	*1.79*
No	28.29	18.81	28.65	32.72	28.35
	1.55	*3.26*	*4.95*	*3.11*	*1.79*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (1 of 3)

Community Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Spansared Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,913	4,072	4,628	10,513	11,639	1,859	2,202
	95	*130*	*155*	*249*	*264*	*101*	*111*
			Beneficiaries as a Percent of Column Total				
Medicare Status[3]							
Aged							
65 - 74 years	53.47	45.31	34.87	53.47	61.49	60.12	59.70
	0.27	*1.21*	*1.21*	*0.81*	*0.68*	*2.02*	*2.22*
75 - 84 years	28.87	22.89	26.87	33.82	26.81	30.16	30.35
	0.25	*1.17*	*1.12*	*0.74*	*0.64*	*1.75*	*1.92*
85 years and alder	7.85	7.16	11.16	9.81	5.44	6.99	6.31
	0.15	*0.58*	*0.65*	*0.39*	*0.29*	*0.80*	*0.76*
Disabled							
Under 45 years	3.34	7.90	13.30	0.50	1.35	0.29	0.55
	0.05	*0.43*	*0.56*	*0.07*	*0.11*	*0.15*	*0.20*
45 - 64 years	6.47	16.74	13.80	2.40	4.92	2.42	3.09
	0.09	*0.70*	*0.69*	*0.23*	*0.33*	*0.46*	*0.61*
Gender							
Male	43.60	56.86	35.63	38.39	46.90	42.40	44.23
	0.27	*1.25*	*1.02*	*0.77*	*0.82*	*2.02*	*1.85*
Female	56.40	43.14	64.37	61.61	53.10	57.60	55.77
	0.27	*1.25*	*1.02*	*0.77*	*0.82*	*2.02*	*1.85*
Marital Status							
Married	55.41	48.53	22.86	55.89	68.43	61.70	60.03
	0.46	*1.45*	*1.30*	*0.99*	*0.82*	*2.06*	*1.98*
Widowed	30.01	28.68	39.64	34.49	23.34	26.90	28.71
	0.50	*1.56*	*1.19*	*1.01*	*0.82*	*1.95*	*1.79*
Divarced/separated	8.30	13.79	19.36	5.76	4.87	4.98	8.04
	0.28	*0.97*	*1.08*	*0.42*	*0.34*	*0.88*	*1.01*
Never married	6.28	9.00	18.15	3.86	3.36	6.42	3.22
	0.24	*0.69*	*0.87*	*0.36*	*0.31*	*0.96*	*0.75*

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (2 of 3)

Community Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,913	4,072	4,628	10,513	11,639	1,859	2,202
	95	*130*	*155*	*249*	*264*	*101*	*111*
			Beneficiaries as a Percent of Column Total				
Living Arrangement							
Lives alone	28.45	26.95	37.55	32.07	22.56	29.70	24.81
	0.39	*1.35*	*1.31*	*0.95*	*0.62*	*1.91*	*1.64*
With spouse	53.92	46.91	21.28	54.26	67.12	60.86	58.11
	0.40	*1.47*	*1.27*	*0.97*	*0.81*	*2.01*	*1.97*
With children	9.62	12.73	21.43	7.97	6.07	3.71	10.74
	0.28	*0.86*	*1.16*	*0.45*	*0.40*	*0.78*	*1.36*
With others	8.02	13.40	19.73	5.70	4.25	5.73	6.34
	0.23	*0.91*	*0.84*	*0.47*	*0.35*	*0.89*	*1.19*
Race/Ethnicity							
White non-Hispanic	83.93	67.88	54.45	93.91	90.77	93.10	84.01
	0.57	*1.60*	*1.90*	*0.45*	*0.55*	*1.14*	*1.71*
Black non-Hispanic	9.03	21.62	23.07	3.18	5.39	4.06	7.56
	0.19	*1.07*	*1.18*	*0.28*	*0.42*	*0.86*	*1.28*
Hispanic	5.36	8.14	17.18	2.03	3.05	1.95	6.38
	0.57	*1.38*	*2.06*	*0.33*	*0.40*	*0.59*	*1.40*
Other	1.68	2.36	5.30	0.88	0.79	0.89	2.06
	0.15	*0.52*	*0.55*	*0.18*	*0.15*	*0.38*	*0.61*
Schooling							
0 - 8 years	26.63	40.40	52.92	23.54	16.86	14.02	23.82
	0.75	*1.36*	*1.81*	*0.84*	*0.82*	*1.84*	*2.10*
9 - 11 years	16.44	17.74	18.68	15.98	16.47	11.90	15.33
	0.42	*1.20*	*1.21*	*0.80*	*0.65*	*1.63*	*1.41*
12 years	31.29	25.04	17.90	34.73	34.71	36.51	31.65
	0.62	*1.21*	*1.10*	*0.97*	*0.85*	*2.16*	*2.28*
13 - 15 years	13.13	10.00	6.89	13.94	14.91	14.24	17.62
	0.38	*0.83*	*0.64*	*0.83*	*0.59*	*1.32*	*1.91*
16 or more years	12.51	6.81	3.61	11.81	17.06	23.34	11.59
	0.46	*0.70*	*0.47*	*0.71*	*0.77*	*1.87*	*1.40*

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (3 of 3)

Community Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,913	4,072	4,628	10,513	11,639	1,859	2,202
	95	*130*	*155*	*249*	*264*	*101*	*111*
			Beneficiaries as a Percent of Column Total				
Income							
Less than $2,500	3.36	4.93	5.85	3.14	2.12	3.08	3.06
	0.22	*0.61*	*0.57*	*0.36*	*0.24*	*0.61*	*0.81*
$2,500 - $4,999	3.95	5.68	12.99	3.04	1.26	1.46	2.35
	0.25	*0.61*	*1.08*	*0.35*	*0.20*	*0.61*	*0.64*
$5,000 - $7,499	14.37	21.13	50.55	10.21	4.67	3.07	6.56
	0.37	*1.16*	*1.24*	*0.54*	*0.44*	*0.68*	*1.04*
$7,500 - $9,999	12.72	20.54	16.15	14.11	8.65	5.96	11.64
	0.36	*1.13*	*0.97*	*0.64*	*0.45*	*0.92*	*1.37*
$10,000 - $14,999	19.46	23.28	9.42	23.08	18.88	15.83	22.26
	0.44	*1.40*	*0.84*	*0.77*	*0.71*	*1.51*	*1.39*
$15,000 - $19,999	12.82	10.36	2.27	13.56	16.51	16.15	13.77
	0.32	*0.80*	*0.35*	*0.65*	*0.54*	*1.38*	*1.58*
$20,000 - $24,999	9.98	4.56	0.89	10.36	13.54	15.42	13.81
	0.30	*0.62*	*0.22*	*0.64*	*0.49*	*1.58*	*1.45*
$25,000 - $29,999	5.79	3.09	0.32	5.80	8.19	9.63	6.39
	0.27	*0.43*	*0.16*	*0.44*	*0.51*	*1.22*	*1.06*
$30,000 or more	17.55	6.44	1.55	16.70	26.18	29.40	20.17
	0.49	*0.70*	*0.31*	*0.77*	*0.99*	*2.18*	*1.63*
Metropolitan Area Resident							
Yes	73.56	66.92	70.71	67.67	77.90	77.43	93.75
	0.40	*1.59*	*1.77*	*1.31*	*1.38*	*1.87*	*2.47*
No	26.44	33.08	29.29	32.33	22.10	22.57	6.25
	0.40	*1.59*	*1.77*	*1.31*	*1.38*	*1.87*	*2.47*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

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Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 1992 (1 of 2)

All Medicare Beneficiaries

Measure of Perceived Health or Functioning[1]	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	3,680	18,950	10,598	3,556	2,260	8,463	4,050	1,015	15,788	1,420	10,487	6,548	2,541	20,996
	62	*37*	*95*	*89*	*54*	*29*	*68*	*58*	*28*	*97*	*26*	*93*	*74*	*48*	*98*
								Beneficiaries as a Percent of Column Total							
Health Status															
Excellent	16.07	6.18	19.32	14.54	13.52	6.37	20.90	16.29	16.26	17.34	5.88	18.04	13.46	12.43	15.11
	0.51	*0.55*	*0.67*	*0.72*	*0.81*	*0.71*	*0.94*	*1.07*	*1.67*	*0.65*	*0.76*	*0.82*	*0.76*	*0.87*	*0.55*
Very good	24.76	11.33	28.26	25.00	19.26	10.71	26.94	23.18	22.12	23.34	12.32	29.32	26.13	18.12	25.82
	0.45	*0.61*	*0.61*	*0.83*	*0.99*	*0.77*	*0.93*	*1.24*	*1.71*	*0.67*	*1.09*	*0.81*	*0.95*	*1.03*	*0.50*
Good	29.11	22.84	29.77	29.64	30.57	24.40	29.84	31.01	29.07	29.31	20.36	29.71	28.79	31.17	28.96
	0.45	*0.99*	*0.66*	*0.81*	*0.99*	*1.30*	*1.02*	*1.42*	*1.79*	*0.71*	*1.50*	*0.91*	*0.92*	*1.25*	*0.58*
Foir	20.00	29.82	16.23	21.76	24.69	28.34	15.41	20.31	21.30	18.90	32.18	16.90	22.65	26.05	20.83
	0.43	*1.22*	*0.52*	*0.82*	*1.10*	*1.29*	*0.70*	*1.07*	*1.86*	*0.55*	*1.79*	*0.77*	*1.04*	*1.32*	*0.55*
Poor	10.06	29.82	6.42	9.06	11.95	30.18	6.90	9.21	11.25	11.11	29.25	6.04	8.97	12.23	9.27
	0.32	*1.03*	*0.39*	*0.47*	*0.76*	*1.27*	*0.56*	*0.89*	*1.39*	*0.42*	*1.64*	*0.52*	*0.57*	*0.96*	*0.41*
Functional Limitation															
None	52.13	22.66	66.97	46.60	19.86	26.88	74.53	57.40	30.88	60.53	15.94	60.87	39.94	15.47	45.82
	0.62	*1.01*	*0.73*	*1.06*	*1.06*	*1.30*	*0.94*	*1.40*	*1.92*	*0.68*	*1.17*	*0.99*	*1.21*	*1.22*	*0.77*
IADL only[2]	21.96	38.99	17.77	23.92	20.86	38.34	12.58	18.65	21.62	18.40	40.03	21.95	27.17	20.56	24.63
	0.41	*1.23*	*0.53*	*0.79*	*0.88*	*1.53*	*0.74*	*1.12*	*2.05*	*0.61*	*2.07*	*0.73*	*1.03*	*1.01*	*0.55*
One to two ADLs[3]	14.51	21.18	10.43	16.52	23.45	18.18	8.89	13.68	20.32	12.18	25.95	11.67	18.27	24.69	16.27
	0.35	*0.94*	*0.45*	*0.68*	*0.93*	*1.10*	*0.62*	*0.95*	*1.77*	*0.41*	*1.76*	*0.65*	*0.81*	*1.12*	*0.47*
Three to five ADLs	11.40	17.17	4.84	12.96	35.83	16.60	4.00	10.27	27.18	8.89	18.08	5.51	14.62	39.28	13.28
	0.33	*0.87*	*0.30*	*0.72*	*1.17*	*1.20*	*0.42*	*0.89*	*2.13*	*0.43*	*1.20*	*0.44*	*0.83*	*1.35*	*0.42*
Upper Extremity Limitation															
No	55.26	41.76	64.38	51.01	33.22	44.99	67.96	56.96	41.74	60.18	36.61	61.50	47.33	29.83	51.57
	0.66	*1.04*	*0.86*	*1.10*	*1.15*	*1.29*	*1.10*	*1.53*	*2.20*	*0.83*	*1.48*	*1.20*	*1.18*	*1.31*	*0.80*
Yes, no ADL/IADL present	12.33	6.91	14.48	12.51	5.98	8.76	16.07	15.16	7.66	14.25	3.97	13.19	10.87	5.32	10.89
	0.33	*0.55*	*0.51*	*0.65*	*0.51*	*0.83*	*0.89*	*0.96*	*1.05*	*0.55*	*0.67*	*0.74*	*0.73*	*0.66*	*0.44*
Yes, ADL/IADL present	32.40	51.33	21.14	36.49	60.80	46.25	15.97	27.87	50.60	25.57	59.42	25.31	41.80	64.85	37.54
	0.55	*1.08*	*0.65*	*1.01*	*1.27*	*1.45*	*0.81*	*1.40*	*2.25*	*0.64*	*1.46*	*0.89*	*1.13*	*1.47*	*0.68*

Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 1992 (2 of 2)

All Medicare Beneficiaries

Measure of Perceived Health or Functioning[1]	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	3,680	18,950	10,598	3,556	2,260	8,463	4,050	1,015	15,788	1,420	10,487	6,548	2,541	20,996
	62	*37*	*95*	*89*	*54*	*29*	*68*	*58*	*28*	*97*	*26*	*93*	*74*	*48*	*98*
	Beneficiaries as a Percent of Column Total														
Mobility Limitation															
No	52.19	36.91	65.07	45.44	19.35	38.95	69.26	53.02	27.47	58.09	33.65	61.68	40.75	16.11	47.75
	0.61	*1.00*	*0.83*	*1.01*	*1.02*	*1.27*	*1.06*	*1.53*	*1.88*	*0.74*	*1.65*	*1.19*	*1.16*	*1.14*	*0.77*
Yes, no ADL/IADL present	11.25	7.72	11.62	12.71	8.62	9.99	13.04	15.16	12.96	13.14	4.10	10.47	11.19	6.89	9.83
	0.33	*0.62*	*0.50*	*0.63*	*0.80*	*0.93*	*0.73*	*1.06*	*1.57*	*0.47*	*0.69*	*0.63*	*0.73*	*0.75*	*0.42*
Yes, ADL/IADL present	36.55	55.37	23.31	41.85	72.04	51.05	17.69	31.82	59.57	28.77	62.25	27.85	48.06	77.00	42.41
	0.60	*1.10*	*0.73*	*0.90*	*1.20*	*1.55*	*0.79*	*1.23*	*1.89*	*0.62*	*1.72*	*1.07*	*1.14*	*1.42*	*0.80*
Social Activity Limitation															
No	61.90	36.38	71.80	58.23	45.68	38.16	74.37	63.55	48.94	64.81	33.54	69.73	54.93	44.37	59.71
	0.72	*1.06*	*0.83*	*1.00*	*1.56*	*1.31*	*1.08*	*1.53*	*2.43*	*0.86*	*1.70*	*0.94*	*1.15*	*1.77*	*0.79*
Yes	38.10	63.62	28.20	41.77	54.32	61.84	25.63	36.45	51.06	35.19	66.46	30.27	45.07	55.63	40.29
	0.72	*1.06*	*0.83*	*1.00*	*1.56*	*1.31*	*1.08*	*1.53*	*2.43*	*0.86*	*1.70*	*0.94*	*1.15*	*1.77*	*0.79*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.

2 IADL stands for Instrumental Activity of Daily Living.

3 ADL stands for Activity of Daily Living.

Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 1992 (1 of 2)

All Medicare Beneficiaries

Self-Reported Health Condition[1]	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	3,680	18,950	10,598	3,556	2,260	8,463	4,050	1,015	15,788	1,420	10,487	6,548	2,541	20,996
	62	*37*	*95*	*89*	*54*	*29*	*68*	*58*	*28*	*97*	*26*	*93*	*74*	*48*	*98*
						Beneficiaries as a Percent of Column Total									
Chronic Conditions															
None	14.25	20.90	16.79	9.57	7.77	21.71	19.36	12.01	14.02	17.47	19.60	14.72	8.06	5.28	11.83
	0.35	*0.86*	*0.58*	*0.47*	*0.63*	*1.12*	*0.85*	*0.77*	*1.60*	*0.50*	*1.32*	*0.67*	*0.62*	*0.62*	*0.43*
One	21.92	22.54	24.54	20.15	12.62	24.33	25.55	23.22	18.53	24.33	19.70	23.72	18.26	10.26	20.11
	0.42	*0.99*	*0.69*	*0.59*	*0.62*	*1.30*	*1.06*	*1.04*	*1.58*	*0.66*	*1.44*	*0.81*	*0.79*	*0.73*	*0.49*
Two or more	63.83	56.56	58.67	70.28	79.61	53.95	55.09	64.77	67.44	58.21	60.71	61.56	73.68	84.46	68.06
	0.45	*1.07*	*0.73*	*0.78*	*0.83*	*1.36*	*1.19*	*1.31*	*1.83*	*0.78*	*1.55*	*0.90*	*0.95*	*0.88*	*0.55*
Disease/Condition															
Heart disease	37.18	33.15	32.50	42.57	50.25	31.75	35.79	44.68	44.61	38.06	35.39	29.85	41.27	52.50	36.53
	0.49	*1.12*	*0.64*	*0.86*	*1.21*	*1.25*	*1.07*	*1.20*	*2.28*	*0.69*	*1.78*	*0.81*	*1.20*	*1.57*	*0.63*
Hypertension	50.33	42.93	50.10	53.86	48.64	43.70	47.97	44.25	39.30	45.85	41.70	51.82	59.81	52.37	53.69
	0.55	*1.13*	*0.76*	*0.84*	*1.24*	*1.27*	*1.12*	*1.34*	*2.11*	*0.79*	*1.84*	*1.03*	*1.09*	*1.56*	*0.72*
Diabetes	16.07	17.28	16.44	15.69	13.97	16.45	17.41	15.22	12.71	16.41	18.60	15.65	15.98	14.47	15.81
	0.33	*0.92*	*0.53*	*0.66*	*0.80*	*1.17*	*0.67*	*0.90*	*1.37*	*0.48*	*1.36*	*0.76*	*0.98*	*0.88*	*0.44*
Arthritis	54.39	46.63	51.93	60.07	58.62	42.59	41.92	53.61	51.52	45.63	53.09	60.00	64.07	61.46	60.98
	0.54	*1.20*	*0.77*	*0.91*	*1.17*	*1.62*	*1.15*	*1.49*	*2.22*	*0.78*	*1.54*	*0.95*	*1.07*	*1.36*	*0.67*
Osteoporosis/broken hip	12.77	11.21	9.02	14.89	28.02	7.79	3.98	6.43	11.28	5.62	16.66	13.09	20.14	34.71	18.14
	0.31	*0.70*	*0.43*	*0.60*	*0.96*	*0.76*	*0.45*	*0.60*	*1.26*	*0.28*	*1.27*	*0.75*	*0.90*	*1.27*	*0.48*
Pulmonary disease	13.91	19.12	13.22	14.48	10.50	18.67	13.65	17.74	15.28	15.52	19.84	12.88	12.46	8.59	12.70
	0.43	*0.93*	*0.57*	*0.78*	*0.78*	*1.12*	*0.79*	*1.34*	*1.44*	*0.56*	*1.56*	*0.74*	*0.81*	*0.79*	*0.52*
Stroke	11.17	13.12	8.31	13.26	18.23	13.77	8.84	13.97	17.86	11.44	12.09	7.88	12.83	18.38	10.98
	0.31	*0.79*	*0.41*	*0.55*	*0.88*	*0.95*	*0.56*	*1.01*	*1.58*	*0.47*	*1.18*	*0.55*	*0.80*	*1.02*	*0.41*
Alzheimer's disease	4.10	1.95	1.38	5.43	16.91	1.92	1.63	4.98	11.87	3.19	1.99	1.17	5.71	18.92	4.79
	0.18	*0.31*	*0.17*	*0.44*	*0.80*	*0.35*	*0.25*	*0.59*	*1.43*	*0.22*	*0.57*	*0.22*	*0.54*	*1.04*	*0.22*
Parkinson's disease	1.86	1.51	1.23	2.66	3.22	1.89	1.67	2.80	3.80	2.13	0.90	0.88	2.57	2.99	1.66
	0.15	*0.33*	*0.18*	*0.33*	*0.39*	*0.47*	*0.30*	*0.49*	*0.80*	*0.22*	*0.32*	*0.16*	*0.36*	*0.44*	*0.16*
Skin cancer	14.54	5.88	14.52	17.11	15.90	6.85	17.40	21.85	23.63	17.43	4.35	12.20	14.18	12.82	12.36
	0.41	*0.57*	*0.59*	*0.71*	*0.96*	*0.73*	*0.90*	*1.17*	*1.77*	*0.62*	*0.74*	*0.67*	*0.75*	*1.14*	*0.45*
Other type of cancer	17.81	14.66	17.04	19.97	18.79	11.46	14.46	18.39	20.06	15.40	19.74	19.12	20.94	18.28	19.63
	0.40	*0.84*	*0.58*	*0.84*	*1.07*	*0.97*	*0.91*	*1.04*	*1.95*	*0.54*	*1.32*	*0.74*	*1.05*	*1.25*	*0.54*

Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 1992 (2 of 2)

All Medicare Beneficiaries

Self-Reported Health Condition[1]	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	3,680	18,950	10,598	3,556	2,260	8,463	4,050	1,015	15,788	1,420	10,487	6,548	2,541	20,996
	62	*37*	*95*	*89*	*54*	*29*	*68*	*58*	*28*	*97*	*26*	*93*	*74*	*48*	*98*
						Beneficiaries as a Percent of Column Total									
Mental Disorder	6.97	32.46	3.83	4.02	6.13	32.51	3.73	3.42	4.25	7.80	32.40	3.90	4.39	6.89	6.34
	0.24	*1.03*	*0.32*	*0.37*	*0.58*	*1.28*	*0.44*	*0.55*	*0.84*	*0.33*	*1.73*	*0.40*	*0.47*	*0.72*	*0.29*
Urinary Incantinence	20.73	21.00	15.22	23.79	41.26	14.89	10.10	15.58	25.76	13.17	30.82	19.34	28.85	47.43	26.42
	0.54	*0.87*	*0.61*	*0.94*	*1.32*	*0.95*	*0.69*	*1.27*	*1.87*	*0.58*	*1.56*	*0.94*	*1.15*	*1.70*	*0.74*
Smakers															
Never smoked	41.01	32.03	35.75	46.18	63.55	23.10	14.86	23.69	24.18	18.90	46.18	52.59	60.16	79.46	57.69
	0.59	*1.01*	*0.78*	*0.90*	*1.12*	*1.14*	*0.86*	*1.06*	*2.08*	*0.57*	*1.98*	*0.99*	*1.35*	*1.18*	*0.80*
Former smoker	42.22	29.52	45.91	43.46	31.70	32.15	63.70	63.62	66.97	59.38	25.35	31.57	30.93	17.44	29.27
	0.56	*1.02*	*0.77*	*0.89*	*1.02*	*1.30*	*1.11*	*1.23*	*1.95*	*0.70*	*1.86*	*0.89*	*1.25*	*1.11*	*0.72*
Current smoker	16.77	38.45	18.34	10.36	4.75	44.75	21.44	12.70	8.85	21.73	28.46	15.84	8.91	3.10	13.03
	0.39	*1.26*	*0.64*	*0.46*	*0.47*	*1.43*	*0.95*	*0.84*	*1.13*	*0.58*	*1.75*	*0.69*	*0.56*	*0.43*	*0.40*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.

Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (1 of 2)

All Medicare Beneficiaries

Meosure of Perceived Health or Functioning[1]	Totol[2]	White non-Hisponic					Block non-Hisponic					Hisponic				
		< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol
Beneficiories (in 000s)	36,785	2,656	16,067	9,097	3,063	30,883	628	1,574	783	292	3,276	317	941	516	132	1,906
	62	*41*	*135*	*101*	*58*	*209*	*17*	*50*	*34*	*14*	*65*	*27*	*103*	*73*	*27*	*203*
							Beneficiories os o Percent of Column Totol									
Heolth Stotus																
Excellent	16.07	6.75	20.67	15.07	13.67	17.13	3.80	11.21	10.15	10.91	9.51	4.53	13.51	11.35	17.91	11.73
	0.51	*0.63*	*0.77*	*0.76*	*0.87*	*0.56*	*1.24*	*1.67*	*1.76*	*2.17*	*1.02*	*1.73*	*2.50*	*2.63*	*4.39*	*1.75*
Very good	24.76	11.07	29.61	25.92	19.62	25.94	12.08	20.41	19.94	18.55	18.54	12.97	20.24	17.61	16.00	18.02
	0.45	*0.70*	*0.68*	*0.94*	*1.12*	*0.52*	*1.36*	*2.06*	*2.34*	*2.66*	*1.22*	*2.33*	*2.53*	*3.02*	*3.52*	*1.60*
Good	29.11	23.30	29.40	29.61	31.26	29.12	23.97	29.64	29.46	25.54	28.15	18.15	33.14	30.84	24.53	29.42
	0.45	*1.19*	*0.76*	*0.87*	*1.07*	*0.49*	*2.17*	*1.96*	*2.71*	*4.07*	*1.40*	*2.55*	*2.85*	*3.80*	*5.17*	*1.88*
Foir	20.00	28.12	14.57	20.80	24.18	18.52	32.44	28.12	27.85	25.90	28.68	38.45	23.68	27.37	29.34	27.53
	0.43	*1.39*	*0.54*	*0.85*	*1.10*	*0.46*	*2.23*	*2.01*	*2.33*	*3.56*	*1.28*	*5.34*	*2.97*	*3.85*	*6.97*	*3.10*
Poor	10.06	30.76	5.75	8.60	11.26	9.28	27.71	10.62	12.58	19.11	15.12	25.90	9.42	12.84	12.22	13.29
	0.32	*1.23*	*0.40*	*0.52*	*0.82*	*0.33*	*1.90*	*2.07*	*2.16*	*3.22*	*1.41*	*4.21*	*2.27*	*2.91*	*3.97*	*1.74*
Functionol Limitotion																
None	52.13	21.75	68.74	47.47	20.23	53.64	26.18	55.05	42.02	19.64	43.28	21.18	59.22	44.32	19.74	46.13
	0.62	*1.15*	*0.79*	*1.09*	*1.19*	*0.66*	*2.40*	*2.32*	*3.04*	*3.06*	*1.48*	*4.94*	*3.50*	*5.68*	*5.02*	*3.71*
IADL only[3]	21.96	38.86	17.04	23.55	20.20	21.14	35.80	22.91	26.74	22.05	26.22	46.11	20.94	27.76	24.70	27.23
	0.41	*1.52*	*0.60*	*0.76*	*0.96*	*0.47*	*2.18*	*2.23*	*3.25*	*2.76*	*1.28*	*2.99*	*2.60*	*3.13*	*4.78*	*1.46*
One to two ADLs[4]	14.51	21.52	9.61	16.75	23.50	14.11	21.19	14.43	15.34	24.34	16.82	20.85	15.67	14.91	23.74	16.88
	0.35	*1.16*	*0.41*	*0.69*	*0.97*	*0.32*	*2.08*	*2.01*	*2.49*	*2.76*	*1.42*	*2.87*	*2.48*	*3.45*	*4.57*	*2.16*
Three to five ADLs	11.40	17.88	4.61	12.22	36.07	11.11	16.83	7.61	15.89	33.97	13.68	11.86	4.17	13.00	31.82	9.76
	0.33	*1.00*	*0.30*	*0.72*	*1.31*	*0.34*	*2.00*	*1.18*	*2.20*	*3.26*	*0.93*	*2.79*	*1.17*	*3.34*	*5.90*	*1.72*
Upper Extremity Limitotion																
No	55.26	40.45	65.75	51.59	33.76	56.24	45.83	55.38	45.58	28.19	48.80	44.81	59.63	56.34	37.66	54.76
	0.66	*1.21*	*0.90*	*1.19*	*1.24*	*0.70*	*2.60*	*2.32*	*2.80*	*5.32*	*1.75*	*3.98*	*3.40*	*4.07*	*5.76*	*2.50*
Yes, no ADL/ IADL present	12.33	6.78	14.68	12.74	5.88	12.56	7.72	13.63	12.23	8.43	11.70	5.63	11.75	9.99	4.59	9.76
	0.33	*0.69*	*0.57*	*0.71*	*0.55*	*0.34*	*1.34*	*1.72*	*1.87*	*2.11*	*1.06*	*2.54*	*1.98*	*2.73*	*2.40*	*1.32*
Yes, ADL/ IADL present	32.40	52.77	19.56	35.67	60.36	31.20	46.45	30.98	42.19	63.38	39.50	49.55	28.61	33.68	57.75	35.48
	0.55	*1.17*	*0.67*	*1.03*	*1.39*	*0.58*	*2.37*	*2.14*	*2.79*	*5.61*	*1.57*	*5.47*	*2.36*	*3.88*	*5.89*	*2.23*

Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (2 of 2)

All Medicare Beneficiaries

Measure of Perceived Health or Functioning[1]	Total[2]	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	2,656	16,067	9,097	3,063	30,883	628	1,574	783	292	3,276	317	941	516	132	1,906
	62	*41*	*135*	*101*	*58*	*209*	*17*	*50*	*34*	*14*	*65*	*27*	*103*	*73*	*27*	*203*
							Beneficiaries as a Percent of Column Total									
Mability Limitation																
No	52.19	35.67	66.80	46.51	19.76	53.50	38.38	50.36	35.66	13.39	41.27	43.19	60.51	47.57	28.21	51.90
	0.61	*1.11*	*0.87*	*1.11*	*1.04*	*0.67*	*2.68*	*2.12*	*2.78*	*4.01*	*1.40*	*3.83*	*2.77*	*4.78*	*5.81*	*2.26*
Yes, no ADL/ IADL present	11.25	7.65	11.61	12.42	8.68	11.22	7.96	12.46	16.26	10.77	12.35	7.55	11.16	10.91	4.37	10.03
	0.33	*0.74*	*0.54*	*0.64*	*0.87*	*0.35*	*1.48*	*1.66*	*1.85*	*2.07*	*0.98*	*2.60*	*1.79*	*2.94*	*2.33*	*1.24*
Yes, ADL/ IADL present	36.55	56.69	21.59	41.08	71.56	35.29	53.66	37.19	48.08	75.84	46.37	49.26	28.32	41.51	67.43	38.08
	0.60	*1.26*	*0.74*	*0.99*	*1.30*	*0.64*	*2.68*	*2.29*	*2.86*	*4.32*	*1.51*	*5.14*	*2.41*	*5.13*	*6.67*	*2.69*
Sociol Activity Limitation																
No	61.90	35.90	73.87	59.22	46.49	63.66	35.82	55.84	50.51	39.76	49.32	38.96	66.15	58.23	50.85	58.44
	0.72	*1.24*	*0.89*	*1.11*	*1.66*	*0.77*	*1.98*	*2.40*	*2.68*	*4.80*	*1.55*	*3.07*	*2.77*	*4.86*	*5.31*	*2.20*
Yes	38.10	64.10	26.13	40.78	53.51	36.34	64.18	44.16	49.49	60.24	50.68	61.04	33.85	41.77	49.15	41.56
	0.72	*1.24*	*0.89*	*1.11*	*1.66*	*0.77*	*1.98*	*2.40*	*2.68*	*4.80*	*1.55*	*3.07*	*2.77*	*4.86*	*5.31*	*2.20*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.

2 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (1 of 2)

All Medicare Beneficiaries

Self-Reported Health Condition[1]	Total[2]	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	36,785	2,656	16,067	9,097	3,063	30,883	628	1,574	783	292	3,276	317	941	516	132	1,906
	62	*41*	*135*	*101*	*58*	*209*	*17*	*50*	*34*	*14*	*65*	*27*	*103*	*73*	*27*	*203*
							Beneficiaries as a Percent of Column Total									
Chronic Conditions																
None	14.25	21.34	17.62	9.74	7.51	14.62	19.69	10.98	7.14	8.14	11.48	20.73	15.38	10.85	11.38	14.76
	0.35	*1.05*	*0.66*	*0.53*	*0.71*	*0.40*	*1.67*	*1.37*	*1.45*	*1.91*	*0.89*	*2.64*	*2.17*	*2.74*	*2.90*	*1.36*
One	21.92	22.04	24.93	20.57	12.84	22.20	19.53	20.47	16.52	9.82	18.40	30.41	24.04	18.89	12.26	22.88
	0.42	*1.17*	*0.75*	*0.69*	*0.67*	*0.48*	*1.98*	*1.95*	*2.15*	*2.38*	*1.12*	*3.27*	*2.91*	*2.87*	*3.28*	*1.76*
Two or more	63.83	56.63	57.45	69.69	79.65	63.19	60.79	68.55	76.34	82.04	70.13	48.85	60.59	70.26	76.36	62.35
	0.45	*1.33*	*0.81*	*0.89*	*0.93*	*0.54*	*2.17*	*2.28*	*2.51*	*2.83*	*1.35*	*4.02*	*2.57*	*3.77*	*3.96*	*1.37*
Disease/Condition																
Heart disease	37.18	34.36	32.62	43.28	51.28	37.76	30.67	33.83	37.22	43.17	34.87	29.67	27.73	38.91	42.27	32.09
	0.49	*1.30*	*0.73*	*0.96*	*1.16*	*0.56*	*2.12*	*2.09*	*2.54*	*4.24*	*1.26*	*3.24*	*2.97*	*3.55*	*6.12*	*2.32*
Hypertension	50.33	39.08	48.05	52.07	48.11	48.47	57.72	67.78	71.77	59.51	66.07	42.73	54.31	56.94	43.57	52.35
	0.55	*1.42*	*0.84*	*0.90*	*1.34*	*0.60*	*2.28*	*2.46*	*2.87*	*3.97*	*1.51*	*3.71*	*3.06*	*4.21*	*8.72*	*1.85*
Diabetes	16.07	15.53	14.35	14.63	13.05	14.40	24.14	29.40	20.49	21.08	25.52	16.12	28.49	25.63	22.41	25.24
	0.33	*1.04*	*0.53*	*0.72*	*0.89*	*0.31*	*2.19*	*2.31*	*2.39*	*3.08*	*1.33*	*3.22*	*2.58*	*2.90*	*5.86*	*1.69*
Arthritis	54.39	48.18	51.12	59.60	58.21	54.07	42.96	57.24	69.51	64.20	58.06	41.51	56.52	59.78	64.46	55.46
	0.54	*1.29*	*0.87*	*1.00*	*1.32*	*0.61*	*2.79*	*2.47*	*3.01*	*3.48*	*1.53*	*3.05*	*3.25*	*3.39*	*5.25*	*2.27*
Osteoporosis/ broken hip	12.77	12.12	9.39	15.32	29.40	13.36	7.38	3.65	8.10	16.21	6.55	11.99	12.67	13.54	21.92	13.43
	0.31	*0.86*	*0.47*	*0.62*	*1.03*	*0.34*	*1.35*	*0.86*	*1.63*	*3.08*	*0.61*	*3.46*	*1.61*	*4.37*	*4.02*	*1.16*
Pulmonary disease	13.91	20.58	13.26	14.78	10.73	14.09	14.73	12.84	11.25	7.55	12.35	15.94	12.53	13.85	13.02	13.49
	0.43	*1.23*	*0.66*	*0.84*	*0.85*	*0.49*	*1.64*	*1.64*	*1.89*	*1.75*	*0.99*	*2.90*	*2.17*	*3.10*	*3.76*	*1.24*
Stroke	11.17	13.49	7.97	12.85	18.85	10.96	13.76	11.91	16.26	10.98	13.22	8.84	6.84	9.93	12.72	8.42
	0.31	*1.00*	*0.46*	*0.52*	*0.98*	*0.33*	*1.69*	*1.24*	*2.46*	*2.28*	*0.94*	*1.98*	*1.83*	*2.50*	*4.82*	*1.22*
Alzheimer's disease	4.10	1.96	1.43	5.51	17.05	4.23	1.54	1.04	4.18	14.35	3.07	2.04	0.87	3.48	13.02	2.61
	0.18	*0.36*	*0.18*	*0.47*	*0.86*	*0.20*	*0.53*	*0.45*	*1.01*	*2.36*	*0.36*	*1.49*	*0.50*	*1.51*	*4.30*	*0.54*
Parkinson's disease	1.86	1.99	1.36	2.69	3.22	1.99	0.43	0.00	2.40	1.07	0.75	0.00	1.26	2.31	5.73	1.65
	0.15	*0.45*	*0.20*	*0.38*	*0.44*	*0.17*	*0.25*	*0.00*	*0.84*	*0.77*	*0.21*	*0.00*	*0.71*	*1.01*	*2.92*	*0.47*
Skin cancer	14.54	7.44	16.66	19.29	17.86	16.76	0.68	1.12	0.86	3.64	1.20	2.12	4.16	7.87	2.86	4.73
	0.41	*0.75*	*0.69*	*0.82*	*1.03*	*0.48*	*0.36*	*0.58*	*0.49*	*1.22*	*0.35*	*1.10*	*1.19*	*2.17*	*1.86*	*0.85*
Other type of cancer	17.81	15.06	18.19	20.67	19.85	18.82	13.25	10.98	16.90	14.28	13.12	9.74	8.49	11.39	6.94	9.38
	0.40	*1.04*	*0.63*	*0.93*	*1.16*	*0.42*	*1.46*	*1.71*	*2.73*	*2.41*	*1.03*	*2.37*	*1.92*	*2.13*	*3.29*	*1.09*

Table 2.4 Self-Reparted Health Canditians and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (2 af 2)

All Medicare Beneficiaries

Self-Reported Health Condition[1]	Totol[2]	White non-Hisponic					Block non-Hisponic					Hisponic				
		< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol
Beneficiories (in 000s)	36,785	2,656	16,067	9,097	3,063	30,883	628	1,574	783	292	3,276	317	941	516	132	1,906
	62	*41*	*135*	*101*	*58*	*209*	*17*	*50*	*34*	*14*	*65*	*27*	*103*	*73*	*27*	*203*
							Beneficiaries os o Percent of Column Totol									
Mentol Disorder	6.97	31.00	3.73	4.00	6.71	6.45	35.43	3.59	4.18	2.36	9.72	38.86	7.20	3.62	4.45	11.30
	0.24	*1.33*	*0.34*	*0.38*	*0.66*	*0.26*	*2.23*	*0.98*	*1.00*	*1.03*	*0.68*	*4.30*	*1.39*	*1.38*	*2.89*	*1.13*
Urinory Incontinence	20.73	20.83	14.71	23.27	41.00	20.31	22.48	18.41	22.82	45.68	22.65	17.16	19.51	28.24	31.84	22.36
	0.54	*1.09*	*0.63*	*1.00*	*1.50*	*0.56*	*1.97*	*1.91*	*2.61*	*3.26*	*1.32*	*2.34*	*3.11*	*4.69*	*8.36*	*2.80*
Smokers																
Never smoked	41.01	31.25	35.32	45.85	65.02	40.95	28.85	35.84	50.62	59.04	40.09	44.22	39.09	44.37	41.11	41.52
	0.59	*1.29*	*0.84*	*0.96*	*1.25*	*0.65*	*2.22*	*2.08*	*3.01*	*3.50*	*1.37*	*3.70*	*3.46*	*3.93*	*6.19*	*1.99*
Former smoker	42.22	30.24	46.92	44.34	30.43	43.12	28.64	37.86	36.83	33.98	35.51	28.99	43.78	40.72	56.28	41.34
	0.56	*1.27*	*0.80*	*0.96*	*1.14*	*0.61*	*2.50*	*1.99*	*3.17*	*3.57*	*1.50*	*3.20*	*2.84*	*3.47*	*6.66*	*1.80*
Current smoker	16.77	38.51	17.76	9.81	4.56	15.93	42.51	26.29	12.55	6.98	24.40	26.79	17.13	14.91	2.61	17.14
	0.39	*1.60*	*0.70*	*0.49*	*0.51*	*0.45*	*2.53*	*1.82*	*2.05*	*1.52*	*1.10*	*3.63*	*2.57*	*3.16*	*1.80*	*1.85*

Source: Medicore Current Beneficiory Survey

Note: Stondord errors ore in blue ond itolics. See Appendix A for odditionol informotion on stondord errors. See Appendix B for definitions of terms ond voriobles.

1 Beneficiories who were odministered o community interview onswered questions obout diseoses or heolth conditions themselves, unless they were unoble to do so. A proxy, such os o nurse, olwoys onswered questions obout the beneficiory's diseoses or heolth conditions for long-term core focility interviews.

2 Totol includes persons of other roce/ethnicity ond persons who did not report their roce/ethnicity.

Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (1 of 2)

Community Residents[1]

Meosure of Perceived Healtth or Functioning	Totol	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol
Beneficiories (in 000s)	34,913	679	4,219	3,744	1,288	9,931	1,467	12,145	4,590	621	18,823	1,276	2,304	1,746	832	6,158
	95	*33*	*127*	*92*	*46*	*136*	*41*	*137*	*97*	*33*	*149*	*42*	*95*	*67*	*42*	*131*
							Beneficiories os o Percent of Column Totol									
Heolth Stotus																
Excellent	16.76	4.95	19.80	15.36	17.62	16.83	3.46	20.13	16.34	17.80	17.83	9.06	16.08	11.84	15.62	13.36
	0.53	*1.32*	*1.23*	*1.15*	*1.45*	*0.81*	*0.69*	*0.83*	*0.99*	*2.33*	*0.68*	*1.00*	*1.36*	*1.26*	*1.83*	*0.73*
Very Good	25.49	11.99	28.21	26.80	24.67	26.11	6.30	29.82	25.52	24.76	26.77	14.11	21.98	24.36	18.74	20.59
	0.47	*1.67*	*1.33*	*1.28*	*1.54*	*0.79*	*0.95*	*0.76*	*1.33*	*2.73*	*0.66*	*1.14*	*1.81*	*1.85*	*1.89*	*0.99*
Good	28.83	21.72	29.67	31.33	31.39	29.98	17.44	29.92	29.50	26.08	28.72	25.01	29.61	24.64	30.28	27.34
	0.46	*2.53*	*1.55*	*1.17*	*1.65*	*0.87*	*1.30*	*0.75*	*1.30*	*2.22*	*0.61*	*1.68*	*1.88*	*1.73*	*2.17*	*1.00*
Fair	19.07	32.30	16.37	19.50	18.80	18.95	33.70	14.67	19.89	19.18	17.58	27.66	20.99	26.04	21.01	23.81
	0.44	*2.56*	*1.27*	*1.13*	*1.57*	*0.83*	*2.08*	*0.60*	*1.16*	*2.14*	*0.57*	*1.69*	*1.51*	*1.94*	*2.00*	*0.89*
Poor	9.85	29.03	5.96	7.01	7.51	8.12	39.10	5.45	8.75	12.18	9.11	24.16	11.33	13.11	14.35	14.90
	0.32	*2.68*	*0.78*	*0.70*	*1.05*	*0.55*	*1.71*	*0.39*	*0.80*	*1.94*	*0.36*	*1.40*	*1.48*	*1.32*	*1.74*	*0.77*
Functionol Limitotion																
None	54.75	29.15	63.82	45.94	27.76	50.04	21.46	72.15	56.97	37.02	63.35	23.62	53.09	33.77	12.20	36.02
	0.64	*2.34*	*1.48*	*1.63*	*2.01*	*1.07*	*1.37*	*0.85*	*1.38*	*2.89*	*0.72*	*1.73*	*1.95*	*1.99*	*1.72*	*1.14*
IADL only[2]	22.70	37.68	20.67	28.47	29.79	25.95	36.90	15.72	20.51	23.95	18.80	43.36	24.11	29.07	23.30	29.40
	0.43	*2.67*	*1.13*	*1.49*	*1.81*	*0.88*	*1.72*	*0.63*	*1.16*	*2.73*	*0.56*	*2.06*	*1.75*	*1.90*	*2.06*	*0.90*
One to two ADLs[3]	14.22	21.50	11.72	17.83	26.32	16.59	23.99	8.80	14.25	20.84	11.71	18.56	14.80	18.40	25.91	18.09
	0.36	*2.16*	*1.01*	*1.16*	*1.67*	*0.76*	*1.73*	*0.51*	*0.96*	*2.39*	*0.42*	*1.41*	*1.26*	*1.58*	*2.09*	*0.85*
Three to five ADLs	8.33	11.67	3.78	7.76	16.13	7.42	17.66	3.33	8.28	18.19	6.14	14.45	8.01	18.76	38.59	16.49
	0.32	*1.50*	*0.49*	*0.76*	*1.49*	*0.47*	*1.60*	*0.32*	*0.85*	*2.33*	*0.32*	*1.22*	*1.29*	*1.62*	*2.35*	*0.78*
Upper Extremity Limitotion																
No	56.97	39.83	63.90	52.68	39.94	54.92	32.37	67.37	55.41	47.44	61.08	52.24	54.78	44.42	28.13	47.73
	0.67	*2.51*	*1.49*	*1.51*	*1.98*	*0.91*	*1.59*	*0.88*	*1.57*	*3.10*	*0.80*	*1.60*	*2.24*	*2.02*	*2.33*	*1.15*
Yes, no ADL/ IADL present	12.95	7.95	13.46	12.37	9.58	12.17	8.33	15.68	15.00	8.35	14.70	5.80	11.74	9.61	4.07	8.87
	0.35	*1.48*	*1.09*	*0.98*	*1.22*	*0.54*	*0.98*	*0.63*	*0.99*	*1.31*	*0.49*	*0.88*	*1.24*	*1.19*	*0.87*	*0.66*
Yes, ADL/ IADL present	30.07	52.22	22.64	34.96	50.47	32.91	59.30	16.94	29.60	44.20	24.22	41.96	33.48	45.97	67.81	43.40
	0.55	*2.72*	*1.15*	*1.45*	*2.24*	*0.84*	*1.64*	*0.74*	*1.33*	*3.08*	*0.67*	*1.76*	*1.93*	*2.04*	*2.58*	*1.16*

Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (2 of 2)

Community Residents[1]

Meosure of Perceived Health or Functioning	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,913	679	4,219	3,744	1,288	9,931	1,467	12,145	4,590	621	18,823	1,276	2,304	1,746	832	6,158
	95	*33*	*127*	*92*	*46*	*136*	*41*	*137*	*97*	*33*	*149*	*42*	*95*	*67*	*42*	*131*
							Beneficiaries as a Percent of Column Total									
Mobility Limitation																
No	54.12	40.75	62.25	44.37	25.21	49.24	24.66	69.52	54.13	31.63	61.03	44.95	52.16	35.48	14.22	40.83
	0.62	*2.69*	*1.58*	*1.57*	*2.07*	*1.12*	*1.08*	*0.88*	*1.64*	*2.33*	*0.80*	*1.91*	*2.34*	*2.07*	*1.75*	*1.17*
Yes, no ADL/ IADL present	11.81	8.21	12.42	13.62	12.43	12.58	9.61	11.57	14.07	14.95	12.14	6.71	11.82	10.49	5.57	9.55
	0.35	*1.42*	*1.17*	*1.00*	*1.45*	*0.65*	*0.98*	*0.54*	*1.05*	*2.20*	*0.46*	*1.05*	*1.13*	*1.27*	*1.20*	*0.58*
Yes, ADL/ IADL present	34.07	51.03	25.33	42.01	62.36	38.17	65.73	18.90	31.80	53.41	26.83	48.34	36.02	54.03	80.21	49.62
	0.61	*2.76*	*1.34*	*1.38*	*2.19*	*1.06*	*1.39*	*0.77*	*1.31*	*2.90*	*0.68*	*1.86*	*2.12*	*2.06*	*2.02*	*1.25*
Social Activity Limitation																
No	62.35	34.29	68.18	58.86	47.66	59.69	28.33	75.39	62.77	50.55	67.83	40.22	62.39	46.78	36.31	49.86
	0.72	*3.03*	*1.74*	*1.52*	*2.57*	*1.27*	*1.81*	*0.90*	*1.45*	*2.97*	*0.76*	*1.54*	*1.81*	*2.14*	*2.66*	*1.12*
Yes	37.65	65.71	31.82	41.14	52.34	40.31	71.67	24.61	37.23	49.45	32.17	59.78	37.61	53.22	63.69	50.14
	0.72	*3.03*	*1.74*	*1.52*	*2.57*	*1.27*	*1.81*	*0.90*	*1.45*	*2.97*	*0.76*	*1.54*	*1.81*	*2.14*	*2.66*	*1.12*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 IADL stands for Instrumental Activity of Daily Living.

3 ADL stands for Activity of Daily Living.

Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 1992 (1 of 2)

Long-Term Care Facility-Only Residents[1]

Measure of Perceived Health or Functioning[2]	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,872	258	282	517	815
	65	*22*	*35*	*36*	*32*
		Beneficiaries as a Percent of Column Total			
Health Status					
Excellent	3.16	10.32	3.66	1.73	1.64
	0.62	*2.45*	*2.47*	*0.88*	*0.75*
Very Good	11.03	24.66	12.76	9.56	7.07
	1.12	*3.23*	*3.40*	*2.07*	*1.15*
Good	34.39	46.02	25.76	35.45	33.00
	1.79	*5.01*	*5.04*	*3.11*	*2.40*
Fair	37.46	11.91	42.78	40.21	41.94
	1.94	*2.77*	*6.16*	*3.54*	*2.52*
Poor	13.97	7.08	15.05	13.05	16.35
	1.21	*1.99*	*4.40*	*2.28*	*1.67*
Functional Limitation					
None	3.29	7.61	4.04	2.72	2.03
	0.74	*2.05*	*3.07*	*1.23*	*0.66*
IADL only[3]	8.11	32.75	10.94	4.02	1.91
	1.01	*3.96*	*3.75*	*1.43*	*0.68*
One to two ADLs[4]	19.98	17.38	25.32	20.83	18.40
	1.67	*2.92*	*5.10*	*3.21*	*2.10*
Three to five ADLs	68.62	42.26	59.70	72.42	77.66
	1.87	*3.97*	*5.09*	*3.65*	*2.11*
Upper Extremity Limitation					
No	23.36	48.15	21.33	22.17	16.95
	1.71	*3.47*	*5.16*	*3.55*	*2.23*
Yes, no ADL/IADL present	0.75	1.65	0.00	1.16	0.45
	0.30	*1.03*	*0.00*	*0.86*	*0.31*
Yes, ADL/IADL present	75.90	50.20	78.67	76.67	82.60
	1.64	*3.55*	*5.16*	*3.32*	*2.25*

Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 1992 (2 of 2)

Long-Term Care Facility-Only Residents[1]

Measure of Perceived Health or Functioning[2]	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,872	258	282	517	815
	65	*22*	*35*	*36*	*32*
		Beneficiaries as a Percent of Column Total			
Mobility Limitation					
No	16.16	56.57	20.94	9.47	5.91
	1.63	*3.99*	*5.12*	*2.16*	*1.29*
Yes, no ADL/IADL present	0.92	0.77	0.00	1.57	0.87
	0.33	*0.78*	*0.00*	*0.94*	*0.43*
Yes, ADL/IADL present	82.92	42.66	79.06	88.96	93.22
	1.59	*3.92*	*5.12*	*2.09*	*1.43*
Social Activity Limitation					
No	51.86	68.55	42.76	50.85	49.10
	2.04	*3.63*	*6.05*	*4.22*	*2.69*
Yes	48.14	31.45	57.24	49.15	50.90
	2.04	*3.63*	*6.05*	*4.22*	*2.69*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.

2 A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (1 of 2)

Community Residents[1]

Self-Reported Health Condition	Total	Lives Alone				Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,913	679	4,219	3,744	1,288	9,931	1,467	12,145	4,590	621	18,823	1,276	2,304	1,746	832	6,158
	95	*33*	*127*	*92*	*46*	*136*	*41*	*137*	*97*	*33*	*149*	*42*	*95*	*67*	*42*	*131*
							Beneficiaries as a Percent of Column Total									
Chronic Conditions																
None	14.51	22.16	15.68	9.66	9.61	13.06	9.44	17.58	10.46	12.66	15.04	29.05	15.70	8.72	6.00	15.18
	0.36	*2.35*	*1.10*	*0.77*	*1.28*	*0.64*	*1.01*	*0.72*	*0.72*	*2.24*	*0.47*	*1.68*	*1.41*	*1.17*	*1.24*	*0.75*
One	22.44	17.84	24.36	19.82	14.75	20.96	18.84	26.19	23.17	18.59	24.63	26.45	18.17	15.92	10.17	18.17
	0.45	*1.63*	*1.33*	*1.06*	*1.27*	*0.76*	*1.42*	*0.83*	*1.03*	*2.31*	*0.62*	*1.57*	*1.36*	*1.54*	*1.26*	*0.75*
Two or more	63.05	60.00	59.95	70.53	75.65	65.98	71.72	56.24	66.38	68.75	60.33	44.50	66.12	75.36	83.83	66.66
	0.45	*2.46*	*1.57*	*1.13*	*1.58*	*0.83*	*1.66*	*0.92*	*1.16*	*2.88*	*0.62*	*1.78*	*1.88*	*1.92*	*1.77*	*1.03*
Disease/Condition																
Heart disease	36.37	32.93	31.47	39.98	43.04	36.28	43.58	32.11	42.49	42.52	35.88	25.46	34.88	45.46	50.17	37.99
	0.51	*2.36*	*1.35*	*1.41*	*2.07*	*0.78*	*1.92*	*0.82*	*1.21*	*2.62*	*0.67*	*1.59*	*1.72*	*2.31*	*2.51*	*1.04*
Hypertension	51.01	42.83	49.90	55.47	55.44	52.24	52.82	49.25	50.67	44.24	49.71	37.98	54.99	62.33	51.34	53.05
	0.55	*2.74*	*1.73*	*1.29*	*2.01*	*1.11*	*2.07*	*0.88*	*1.24*	*2.89*	*0.66*	*1.79*	*2.09*	*2.09*	*2.67*	*1.15*
Diabetes	16.07	16.23	15.23	14.90	10.05	14.50	21.34	15.26	14.64	13.87	15.54	15.24	24.47	19.38	17.83	20.22
	0.33	*2.03*	*0.94*	*1.07*	*0.98*	*0.60*	*1.86*	*0.61*	*0.85*	*1.93*	*0.46*	*1.36*	*1.55*	*1.88*	*1.90*	*0.85*
Arthritis	55.40	53.31	56.40	62.74	64.36	59.61	60.93	50.15	58.82	56.99	53.33	34.46	56.17	63.62	64.43	54.93
	0.55	*2.52*	*1.77*	*1.09*	*1.88*	*0.98*	*2.15*	*0.98*	*1.49*	*3.03*	*0.78*	*1.57*	*1.86*	*1.82*	*2.22*	*1.05*
Osteoporosis/broken hip	11.72	12.80	11.33	17.14	24.02	15.26	12.32	8.06	10.27	11.86	9.06	10.09	8.34	17.20	29.88	14.13
	0.32	*1.64*	*1.02*	*1.18*	*1.58*	*0.69*	*1.38*	*0.50*	*0.72*	*1.74*	*0.38*	*1.34*	*1.06*	*1.41*	*2.20*	*0.59*
Pulmonary disease	13.94	23.04	14.41	13.62	8.72	13.96	23.78	12.35	15.91	13.04	14.13	15.12	14.70	11.96	9.59	13.32
	0.43	*2.18*	*1.28*	*1.02*	*1.08*	*0.74*	*1.74*	*0.67*	*1.16*	*2.14*	*0.57*	*1.20*	*1.61*	*1.40*	*1.66*	*0.82*
Stroke	10.16	14.18	7.81	10.13	12.17	9.69	15.35	7.29	12.35	16.03	9.44	10.10	10.67	14.57	21.40	13.11
	0.30	*1.80*	*0.86*	*0.98*	*1.18*	*0.51*	*1.28*	*0.46*	*0.78*	*2.59*	*0.41*	*1.07*	*1.21*	*1.31*	*2.05*	*0.64*
Alzheimer's disease	2.03	1.60	0.57	2.31	3.91	1.73	1.14	0.78	3.44	5.88	1.62	1.63	1.47	6.18	8.46	3.78
	0.15	*0.69*	*0.30*	*0.49*	*0.71*	*0.25*	*0.38*	*0.15*	*0.51*	*1.34*	*0.15*	*0.64*	*0.50*	*1.05*	*1.35*	*0.41*
Parkinson's disease	1.60	1.10	0.70	1.13	1.89	1.04	2.61	1.18	2.43	3.25	1.67	0.32	1.74	4.58	2.17	2.31
	0.14	*0.64*	*0.37*	*0.30*	*0.55*	*0.24*	*0.72*	*0.21*	*0.45*	*0.96*	*0.19*	*0.19*	*0.49*	*0.86*	*0.77*	*0.31*
Skin cancer	15.02	7.49	14.42	16.43	18.64	15.25	8.33	15.45	21.56	23.06	16.63	3.13	10.58	10.42	15.81	9.70
	0.45	*1.54*	*1.11*	*1.05*	*1.39*	*0.67*	*1.07*	*0.67*	*1.11*	*2.41*	*0.59*	*0.63*	*1.44*	*1.43*	*1.90*	*0.82*
Other type of cancer	18.05	15.96	19.88	22.03	22.18	20.72	17.95	16.44	18.71	18.19	17.17	12.36	14.97	21.17	16.59	16.41
	0.42	*1.94*	*1.27*	*1.26*	*1.76*	*0.78*	*1.36*	*0.67*	*1.26*	*2.19*	*0.54*	*1.28*	*1.57*	*1.57*	*2.48*	*0.89*

Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (2 of 2)

Community Residents[1]

Self-Reported Health Condition	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,913	679	4,219	3,744	1,288	9,931	1,467	12,145	4,590	621	18,823	1,276	2,304	1,746	832	6,158
	95	*33*	*127*	*92*	*46*	*136*	*41*	*137*	*97*	*33*	*149*	*42*	*95*	*67*	*42*	*131*
							Beneficiaries as a Percent of Column Total									
Mental Disorder	5.88	39.83	4.16	2.72	1.98	5.77	19.93	2.95	2.89	3.49	4.28	39.00	3.13	3.96	4.23	10.94
	0.22	*2.36*	*0.65*	*0.46*	*0.56*	*0.38*	*1.74*	*0.31*	*0.48*	*1.07*	*0.30*	*1.94*	*0.70*	*0.72*	*0.82*	*0.53*
Urinary Incontinence	18.38	21.53	18.21	22.44	29.56	21.49	17.88	12.60	17.60	21.73	14.52	20.90	18.53	28.97	43.68	25.32
	0.53	*2.18*	*1.18*	*1.39*	*1.91*	*0.87*	*1.36*	*0.64*	*1.10*	*2.28*	*0.54*	*1.40*	*1.83*	*2.09*	*2.56*	*1.03*
Smokers																
Never smoked	39.39	22.29	39.24	51.10	64.88	45.88	23.12	34.11	36.77	31.28	33.81	41.94	37.20	52.00	64.08	46.01
	0.61	*2.25*	*1.70*	*1.50*	*1.84*	*1.04*	*1.67*	*0.95*	*1.23*	*2.71*	*0.75*	*2.03*	*2.20*	*2.04*	*2.68*	*1.18*
Former smoker	43.60	27.54	37.66	39.41	29.03	36.51	40.99	50.38	52.76	62.95	50.64	21.16	39.27	35.69	31.89	33.50
	0.58	*2.45*	*1.64*	*1.59*	*1.73*	*1.07*	*1.90*	*1.00*	*1.27*	*2.52*	*0.74*	*1.75*	*2.20*	*2.23*	*2.54*	*1.06*
Current smoker	17.01	50.17	23.10	9.48	6.08	17.61	35.89	15.51	10.48	5.77	15.55	36.90	23.53	12.31	4.03	20.48
	0.40	*2.95*	*1.27*	*0.86*	*0.92*	*0.69*	*2.00*	*0.67*	*0.74*	*1.18*	*0.53*	*1.66*	*1.88*	*1.34*	*0.84*	*0.93*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 1992 (1 of 2)

Long-Term Care Facility-Only Residents[1]

Reported Health Condition[2]	Total	Age < 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,872	258	282	517	815
	65	*22*	*35*	*36*	*32*
		Beneficiaries as a Percent of Column Total			
Chronic Conditions					
None	9.46	42.12	8.48	3.93	2.96
	1.12	*3.85*	*3.77*	*1.42*	*0.86*
One	12.20	36.71	7.92	10.16	7.21
	1.17	*4.31*	*3.09*	*2.20*	*1.16*
Two or more	78.35	21.17	83.61	85.92	89.83
	1.63	*3.33*	*4.58*	*2.54*	*1.39*
Disease/Condition					
Heart disease	52.45	12.65	45.09	52.40	67.63
	1.85	*2.29*	*6.54*	*3.72*	*2.08*
Hypertension	37.44	11.56	49.95	41.98	38.43
	2.27	*2.42*	*5.97*	*3.78*	*3.03*
Diabetes	16.08	7.11	19.51	18.35	16.29
	1.17	*1.95*	*4.85*	*2.99*	*1.70*
Arthritis	35.56	7.71	26.59	39.83	44.82
	1.83	*2.25*	*5.37*	*3.52*	*2.53*
Osteoporosis/broken hip	32.35	6.32	21.13	31.91	44.79
	1.74	*2.13*	*4.79*	*3.17*	*2.72*
Pulmonary disease	13.36	2.18	21.00	16.41	12.31
	1.22	*1.09*	*4.73*	*2.44*	*1.44*
Stroke	30.18	12.56	40.12	39.58	26.32
	1.98	*2.80*	*6.36*	*4.23*	*2.17*
Alzheimer's disease	42.73	9.06	38.53	43.18	54.59
	1.80	*2.07*	*5.73*	*3.57*	*2.18*
Parkinson's disease	6.74	2.18	7.35	9.25	6.38
	0.90	*1.34*	*3.05*	*2.05*	*1.13*
Skin cancer	5.49	1.37	8.27	5.03	6.13
	0.95	*1.00*	*3.10*	*1.62*	*1.34*
Other type of cancer	13.42	3.84	16.97	12.05	16.11
	1.22	*1.62*	*4.63*	*2.13*	*1.73*

Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 1992 (2 of 2)

Long-Term Care Facility-Only Residents[1]

Reported Health Condition[2]	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiories (in 000s)	1,872	258	282	517	815
	65	*22*	*35*	*36*	*32*
		Beneficiories as a Percent of Column Totol			
Mentol Disorder	27.33	51.71	42.37	23.79	16.68
	1.69	*3.89*	*5.47*	*3.18*	*1.99*
Urinory Incontinence	66.21	38.94	58.11	72.91	73.10
	1.94	*3.70*	*5.31*	*4.10*	*2.27*
Smokers					
Never smoked	74.74	60.74	42.99	78.02	88.20
	1.93	*4.91*	*6.22*	*2.88*	*1.68*
Former smoker	13.40	10.07	29.09	13.02	9.44
	1.28	*1.94*	*5.04*	*2.46*	*1.45*
Current smoker	11.86	29.18	27.91	8.96	2.36
	1.61	*4.76*	*5.83*	*2.22*	*0.77*

Source: Medicore Current Beneficiory Survey

Note: Stondord errors ore in blue ond itolics. See Appendix A for odditionol informotion on stondord errors. See Appendix B for definitions of terms ond voriobles.

1 The term *long-term core focility-only residents* includes beneficiories who resided only in o long-term core facility during the yeor. It excludes beneficiories who resided port of the yeor in the community ond port of the yeor in o long-term core facility, ond beneficiories who resided only in the community during the yeor.

2 A proxy, such os o nurse, olwoys onswered questions obout the beneficiory's diseoses or heolth conditions for long-term core facility interviews.

Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (1 of 2)

Community Residents[1]

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,913	4,072	4,628	10,513	11,639	1,859	2,202
	95	*130*	*155*	*249*	*264*	*101*	*111*
			Beneficiaries as a Percent of Column Total				
Health Status							
Excellent	16.76	14.06	8.59	18.00	18.65	18.77	21.28
	0.53	*0.98*	*0.76*	*0.89*	*0.85*	*1.61*	*1.77*
Very good	25.49	17.14	13.81	27.78	30.12	27.79	28.12
	0.47	*0.99*	*0.93*	*0.97*	*0.85*	*2.13*	*1.72*
Good	28.83	28.34	26.50	29.35	29.07	31.50	28.66
	0.46	*1.49*	*1.19*	*0.73*	*0.84*	*2.14*	*1.71*
Fair	19.07	23.28	30.85	17.14	16.03	15.26	15.00
	0.44	*1.26*	*1.41*	*0.71*	*0.65*	*1.54*	*1.80*
Poor	9.85	17.18	20.25	7.73	6.13	6.67	6.94
	0.32	*1.01*	*1.00*	*0.50*	*0.38*	*0.93*	*0.99*
Functional Limitation							
None	54.75	46.99	28.01	57.98	62.82	60.44	62.40
	0.64	*1.50*	*1.25*	*1.10*	*0.82*	*1.98*	*2.36*
IADL only[3]	22.70	26.17	31.85	21.18	19.47	22.53	21.57
	0.43	*1.17*	*1.14*	*0.75*	*0.66*	*1.77*	*1.74*
One to two ADLs[4]	14.22	16.90	20.55	13.77	12.37	11.08	10.53
	0.36	*1.11*	*0.95*	*0.70*	*0.58*	*1.41*	*1.15*
Three to five ADLs	8.33	9.94	19.59	7.07	5.34	5.95	5.50
	0.32	*0.67*	*0.91*	*0.61*	*0.38*	*0.87*	*1.22*
Upper Extremity Limitation							
No	56.97	51.21	40.80	58.14	63.16	56.02	64.15
	0.67	*1.32*	*1.50*	*1.20*	*1.01*	*2.21*	*1.93*
Yes, no ADL/IADL present	12.95	12.08	8.48	13.98	13.62	17.01	12.17
	0.35	*1.00*	*0.78*	*0.72*	*0.63*	*1.82*	*1.41*
Yes, ADL/IADL present	30.07	36.71	50.72	27.88	23.22	26.97	23.68
	0.55	*1.23*	*1.46*	*0.98*	*0.80*	*1.92*	*1.70*

Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (2 of 2)

Community Residents[1]

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,913	4,072	4,628	10,513	11,639	1,859	2,202
	95	*130*	*155*	*249*	*264*	*101*	*111*
			Beneficiaries as a Percent of Column Total				
Mobility Limitation							
No	54.12	46.39	34.14	56.47	60.66	58.34	61.00
	0.62	*1.35*	*1.26*	*1.01*	*0.98*	*2.30*	*2.04*
Yes, no ADL/IADL present	11.81	12.33	9.93	12.37	11.95	12.62	10.68
	0.35	*0.84*	*0.76*	*0.63*	*0.50*	*1.49*	*1.16*
Yes, ADL/IADL present	34.07	41.28	55.93	31.16	27.39	29.04	28.31
	0.61	*1.40*	*1.41*	*1.04*	*0.83*	*2.03*	*1.90*
Social Activity Limitation							
No	62.35	52.67	40.26	66.16	68.94	68.50	68.41
	0.72	*1.50*	*1.44*	*1.04*	*0.90*	*2.29*	*1.84*
Yes	37.65	47.33	59.74	33.84	31.06	31.50	31.59
	0.72	*1.50*	*1.44*	*1.04*	*0.90*	*2.29*	*1.84*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (1 of 2)

Community Residents[1]

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,913	4,072	4,628	10,513	11,639	1,859	2,202
	95	*130*	*155*	*249*	*264*	*101*	*111*
			Beneficiaries as a Percent of Column Total				
Chronic Conditions							
None	14.51	18.30	12.22	13.34	14.87	13.87	16.46
	0.36	*1.07*	*0.82*	*0.67*	*0.64*	*1.55*	*1.54*
One	22.44	20.81	16.18	22.82	24.35	24.80	24.78
	0.45	*1.19*	*0.85*	*0.78*	*0.78*	*2.12*	*1.83*
Two or more	63.05	60.89	71.60	63.84	60.78	61.34	58.75
	0.45	*1.34*	*1.15*	*0.93*	*0.74*	*2.35*	*1.95*
Disease/Condition							
Heart disease	36.37	34.25	41.39	36.56	35.28	36.63	34.29
	0.51	*1.24*	*1.29*	*0.88*	*0.85*	*1.94*	*2.18*
Hypertension	51.01	51.29	56.86	50.08	49.86	50.27	49.41
	0.55	*1.62*	*1.39*	*0.92*	*0.78*	*2.27*	*2.25*
Diabetes	16.07	18.92	23.81	14.46	14.15	12.68	15.15
	0.33	*1.19*	*1.18*	*0.56*	*0.57*	*1.44*	*1.18*
Arthritis	55.40	49.81	59.50	57.69	54.05	56.53	52.35
	0.55	*1.34*	*1.38*	*0.95*	*0.93*	*1.97*	*1.90*
Osteoporosis/broken hip	11.72	8.95	15.67	12.92	10.11	10.38	12.42
	0.32	*0.62*	*0.94*	*0.60*	*0.48*	*1.24*	*1.54*
Pulmonary disease	13.94	14.60	17.19	13.25	12.86	14.84	14.11
	0.43	*1.06*	*1.07*	*0.72*	*0.66*	*1.58*	*1.42*
Stroke	10.16	12.64	15.23	9.49	7.92	11.11	9.15
	0.30	*0.92*	*0.85*	*0.59*	*0.39*	*1.56*	*1.22*
Alzheimer's disease	2.03	1.70	4.15	1.58	1.92	1.52	1.38
	0.15	*0.33*	*0.50*	*0.22*	*0.23*	*0.46*	*0.46*
Parkinson's disease	1.60	1.47	1.91	1.89	1.47	1.26	0.83
	0.14	*0.37*	*0.34*	*0.24*	*0.22*	*0.47*	*0.33*
Skin cancer	15.02	10.78	7.41	16.92	17.16	18.78	15.26
	0.45	*0.91*	*0.80*	*0.67*	*0.74*	*1.79*	*1.47*
Other type of cancer	18.05	15.28	16.31	20.57	16.97	21.98	17.14
	0.42	*0.93*	*1.16*	*0.73*	*0.65*	*1.63*	*1.76*

Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (2 of 2)

Community Residents[1]

Self-Reported Health Conditian	Tatal	Medicare Fee-far-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Bath Types of Private Insurance	
Beneficiaries (in 000s)	34,913	4,072	4,628	10,513	11,639	1,859	2,202
	95	*130*	*155*	*249*	*264*	*101*	*111*
			Beneficiaries as a Percent af Calumn Tatal				
Mental Disarder	5.88	9.97	16.68	2.92	3.71	3.30	3.42
	0.22	*0.65*	*0.72*	*0.32*	*0.34*	*0.66*	*0.60*
Urinary Incantinence	18.38	17.68	29.66	18.02	15.45	16.74	15.05
	0.53	*1.14*	*1.33*	*0.96*	*0.62*	*1.59*	*1.55*
Smakers							
Never smaked	39.39	33.55	43.13	41.70	37.84	42.58	36.87
	0.61	*1.34*	*1.18*	*1.04*	*0.88*	*2.43*	*2.04*
Farmer smaker	43.60	37.08	33.12	45.50	47.51	44.02	47.58
	0.58	*1.25*	*1.28*	*1.07*	*0.87*	*2.20*	*1.92*
Current smaker	17.01	29.37	23.76	12.80	14.65	13.40	15.55
	0.40	*1.26*	*1.01*	*0.74*	*0.55*	*1.59*	*1.58*

Source: Medicare Current Beneficiary Survey

Note: Standard errars are in blue and italics. See Appendix A far additianal infarmatian an standard errars. See Appendix B far definitians af terms and variables.

1 The term *community residents* includes beneficiaries who resided only in the community during the yeor, ond beneficiories who resided port of the yeor in the community ond port of the yeor in o long-term core focility. It excludes beneficiories who resided only in o long-term core focility during the yeor.

2 HMO stonds for Heolth Mointenonce Orgonizotion.

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Inpatient Hospital Stay				
All Beneficiaries	17.94	16.85	24.67	17.64	16.64	16.45	16.23
	0.33	*1.06*	*1.28*	*0.75*	*0.66*	*1.63*	*1.38*
Medicare Status[3]							
Aged							
65 - 74 years	14.40	14.32	21.43	13.99	13.59	13.83	12.80
	0.44	*1.62*	*1.96*	*0.88*	*0.80*	*2.39*	*1.92*
75 - 84 years	21.50	20.89	25.47	21.01	21.32	19.30	20.96
	0.78	*2.90*	*2.62*	*1.39*	*1.37*	*3.02*	*2.89*
85 years and older	27.23	27.34	28.77	26.24	27.05	26.39	30.84
	1.09	*3.71*	*2.83*	*1.89*	*2.39*	*5.20*	*5.92*
Disabled							
Under 45 years	18.57	13.41	23.19	9.90	13.51	65.51	8.29
	1.26	*2.65*	*1.97*	*3.41*	*3.76*	*23.14*	*8.77*
45 - 64 years	20.97	15.61	29.92	20.88	19.42	13.01	9.93
	1.35	*2.14*	*2.85*	*3.81*	*2.58*	*7.43*	*5.26*
Gender							
Male	19.16	17.26	25.43	20.12	17.86	17.05	18.56
	0.55	*1.22*	*1.93*	*1.20*	*0.89*	*2.84*	*2.35*
Female	17.00	16.30	24.24	16.09	15.55	16.01	14.38
	0.43	*1.67*	*1.47*	*0.82*	*0.88*	*2.02*	*1.72*
Living Arrangement							
Lives alone	19.11	17.02	24.75	18.79	17.74	16.29	17.68
	0.64	*1.78*	*1.99*	*1.24*	*1.29*	*3.30*	*2.91*
With spouse	16.30	16.47	24.18	16.42	15.69	15.00	14.79
	0.42	*1.54*	*2.91*	*0.79*	*0.73*	*2.14*	*1.90*
With children	22.44	19.17	27.99	21.25	18.48	32.49	20.92
	1.39	*3.28*	*2.91*	*2.46*	*2.70*	*10.63*	*4.97*
With others	19.67	15.67	21.56	17.96	23.15	22.39	15.96
	1.32	*2.62*	*1.85*	*3.28*	*3.38*	*8.39*	*6.03*

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Spansared Private Insurance	Bath Types of Private Insurance	
			Percent of Beneficiaries with at Least One Inpatient Hospital Stay				
All Beneficiaries	17.94	16.85	24.67	17.64	16.64	16.45	16.23
	0.33	*1.06*	*1.28*	*0.75*	*0.66*	*1.63*	*1.38*
Race/Ethnicity							
White nan-Hispanic	18.07	18.33	27.83	17.73	16.72	16.47	16.67
	0.36	*1.26*	*1.72*	*0.75*	*0.70*	*1.72*	*1.61*
Black nan-Hispanic	18.35	15.67	22.96	17.51	16.19	13.64	15.66
	1.28	*2.28*	*2.03*	*3.31*	*2.61*	*6.70*	*4.74*
Hispanic	16.60	11.14	18.35	20.38	17.11	6.82	14.86
	1.63	*3.00*	*2.81*	*5.64*	*3.77*	*8.02*	*8.91*
Other	14.78	6.02	23.59	6.44	8.09	47.49	6.60
	2.71	*4.37*	*4.78*	*4.89*	*4.99*	*22.59*	*6.84*
Income							
Less than $2,500	16.00	7.34	24.22	19.49	14.57	12.02	3.39
	1.81	*2.90*	*4.62*	*4.19*	*3.91*	*9.56*	*3.31*
$2,500 - $4,999	17.34	13.40	20.19	13.83	23.86	0.00	14.94
	1.68	*3.48*	*3.20*	*3.37*	*5.64*	*0.00*	*9.59*
$5,000 - $7,499	19.76	14.60	24.00	16.67	14.95	13.44	27.72
	0.93	*2.28*	*1.56*	*1.90*	*2.71*	*8.13*	*7.06*
$7,500 - $9,999	20.46	17.43	27.58	19.84	18.73	26.03	19.14
	1.13	*2.14*	*2.64*	*2.03*	*2.08*	*7.45*	*4.56*
$10,000 - $14,999	20.75	16.66	31.64	19.65	21.61	24.60	18.78
	1.11	*2.38*	*3.72*	*1.48*	*1.78*	*4.27*	*3.28*
$15,000 - $19,999	16.71	20.96	17.16	17.99	15.26	15.47	15.07
	1.07	*3.06*	*5.95*	*2.24*	*1.54*	*3.71*	*4.60*
$20,000 - $24,999	15.05	21.65	39.70	16.13	13.88	15.99	10.08
	1.11	*7.02*	*14.65*	*2.27*	*1.69*	*4.16*	*3.73*
$25,000 - $29,999	17.00	21.12	16.81	17.97	16.95	14.68	12.51
	1.39	*7.12*	*21.35*	*2.46*	*2.06*	*5.69*	*5.97*
$30,000 or mare	14.96	21.22	20.19	14.48	14.70	13.05	16.48
	0.73	*4.33*	*9.21*	*1.64*	*1.12*	*2.86*	*3.89*

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Inpatient Hospital Stay				
All Beneficiaries	17.94	16.85	24.67	17.64	16.64	16.45	16.23
	0.33	*1.06*	*1.28*	*0.75*	*0.66*	*1.63*	*1.38*
Health Status							
Excellent	9.07	7.47	13.77	9.11	9.32	7.27	7.18
	0.66	*1.77*	*3.05*	*1.24*	*1.12*	*2.44*	*2.58*
Very Good	11.24	13.32	14.27	12.46	9.70	6.87	12.40
	0.66	*2.25*	*2.50*	*1.23*	*1.02*	*1.56*	*2.23*
Good	17.76	16.05	22.21	16.70	18.76	18.34	11.90
	0.66	*1.97*	*2.14*	*1.61*	*1.17*	*2.93*	*2.45*
Foir	25.06	17.31	24.03	27.77	25.16	33.08	29.05
	0.95	*2.25*	*2.30*	*2.02*	*1.63*	*5.95*	*4.47*
Poor	37.87	28.52	41.22	38.04	40.48	37.35	49.42
	1.43	*2.80*	*2.79*	*3.62*	*3.26*	*7.54*	*9.17*
Functianal Limitatian							
None	11.28	11.60	15.48	11.53	10.78	9.69	9.82
	0.39	*1.27*	*1.95*	*0.88*	*0.68*	*1.69*	*1.37*
IADL only[4]	22.36	17.45	23.35	22.59	24.13	22.04	21.14
	0.82	*2.42*	*2.16*	*1.66*	*1.54*	*3.90*	*3.66*
One to two ADLs[5]	27.46	24.14	28.97	28.95	26.47	25.16	30.40
	1.15	*2.77*	*2.92*	*1.96*	*2.04*	*5.41*	*5.54*
Three ta five ADLs	35.75	28.38	38.47	32.66	36.52	50.56	44.84
	1.40	*3.37*	*2.74*	*3.00*	*3.56*	*9.61*	*9.54*

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Inpatient Hospital Stay				
All Beneficiaries	17.94	16.85	24.67	17.64	16.64	16.45	16.23
	0.33	*1.06*	*1.28*	*0.75*	*0.66*	*1.63*	*1.38*
Metropolitan Area Resident							
Yes	17.84	17.18	25.40	17.77	16.36	15.79	15.61
	0.39	*1.35*	*1.54*	*0.90*	*0.74*	*1.91*	*1.44*
No	18.32	16.33	23.21	17.41	17.67	18.72	25.48
	0.63	*1.53*	*2.27*	*1.46*	*1.57*	*3.22*	*4.05*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Outpatient Hospital Visit				
All Beneficiaries	57.90	50.58	65.89	58.58	56.81	59.16	57.05
	0.77	*1.53*	*1.54*	*1.12*	*1.03*	*2.89*	*2.14*
Medicare Status[3]							
Aged							
65 - 74 years	55.01	46.21	63.67	56.21	53.78	55.93	57.89
	0.89	*2.42*	*2.61*	*1.47*	*1.17*	*3.65*	*3.01*
75 - 84 years	61.99	54.02	67.86	62.01	62.52	65.34	57.74
	1.16	*3.29*	*2.90*	*1.63*	*1.98*	*3.83*	*3.60*
85 years and older	57.16	44.77	63.18	57.99	57.75	60.87	51.46
	1.63	*3.39*	*3.63*	*2.40*	*3.25*	*7.24*	*7.99*
Disabled							
Under 45 years	59.05	54.43	61.91	54.78	57.80	100.00	55.63
	1.87	*3.83*	*2.17*	*9.06*	*4.87*	*0.00*	*19.30*
45 - 64 years	64.24	58.43	73.62	66.70	62.86	53.38	44.82
	1.50	*3.08*	*2.31*	*4.91*	*2.88*	*9.14*	*9.17*
Gender							
Male	57.52	53.47	64.35	59.47	56.49	55.54	55.39
	0.97	*1.73*	*2.15*	*1.79*	*1.41*	*3.91*	*3.12*
Female	58.20	46.76	66.75	58.02	57.10	61.83	58.36
	0.91	*2.27*	*1.93*	*1.35*	*1.30*	*3.28*	*2.80*
Living Arrangement							
Lives alone	58.72	50.41	67.01	57.52	58.21	60.47	58.35
	1.03	*2.62*	*2.28*	*1.87*	*1.82*	*4.21*	*4.42*
With spouse	57.17	51.46	65.87	59.07	56.07	58.26	56.81
	0.96	*2.21*	*2.84*	*1.41*	*1.20*	*3.42*	*2.96*
With children	60.32	48.73	67.45	61.04	58.49	68.93	57.95
	1.46	*4.00*	*2.96*	*3.05*	*3.09*	*10.87*	*5.99*
With others	57.14	49.52	62.18	56.41	58.93	55.49	52.63
	1.53	*3.78*	*2.70*	*3.63*	*4.31*	*8.74*	*7.63*

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Tatal	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Emplayer-Spansared Private Insurance	Bath Types af Private Insurance	
			Percent af Beneficiaries with at Least One Outpatient Haspital Visit				
All Beneficiaries	57.90	50.58	65.89	58.58	56.81	59.16	57.05
	0.77	*1.53*	*1.54*	*1.12*	*1.03*	*2.89*	*2.14*
Race/Ethnicity							
White non-Hispanic	57.81	50.50	67.89	58.52	56.65	59.26	57.71
	0.86	*1.74*	*1.77*	*1.17*	*1.09*	*2.95*	*2.39*
Black nan-Hispanic	61.09	51.67	68.12	60.50	66.15	49.64	54.24
	1.66	*3.03*	*2.70*	*5.28*	*3.10*	*12.71*	*9.29*
Hispanic	53.13	46.21	57.39	55.13	50.20	55.27	49.31
	2.37	*4.57*	*3.21*	*6.63*	*4.62*	*17.21*	*7.55*
Other	59.70	58.88	66.36	61.96	34.69	100.00	58.39
	3.83	*9.68*	*5.62*	*10.60*	*9.38*	*0.00*	*16.31*
Incame							
Less than $2,500	55.78	49.75	57.88	61.96	54.55	45.22	48.80
	2.17	*5.64*	*5.40*	*4.47*	*5.31*	*13.47*	*14.01*
$2,500 - $4,999	53.89	30.51	63.30	47.62	57.60	66.03	74.73
	2.38	*4.64*	*3.87*	*4.97*	*8.29*	*16.56*	*11.87*
$5,000 - $7,499	56.86	47.18	64.06	53.79	52.46	46.89	44.41
	1.47	*2.63*	*1.97*	*2.67*	*4.07*	*12.49*	*9.02*
$7,500 - $9,999	59.68	56.43	72.29	58.28	56.03	74.29	52.27
	1.49	*2.85*	*2.85*	*2.51*	*2.98*	*7.91*	*6.12*
$10,000 - $14,999	60.28	51.94	77.01	57.93	62.09	64.91	62.92
	1.38	*3.07*	*2.96*	*2.24*	*2.07*	*5.61*	*4.59*
$15,000 - $19,999	55.42	50.80	69.60	57.29	54.98	57.88	49.52
	1.68	*4.34*	*8.58*	*2.45*	*2.01*	*5.48*	*5.76*
$20,000 - $24,999	56.50	53.08	60.73	57.20	54.59	55.58	66.51
	1.68	*6.60*	*15.39*	*3.06*	*2.51*	*5.46*	*6.55*
$25,000 - $29,999	61.41	55.44	64.59	67.31	58.56	60.59	61.25
	2.40	*8.55*	*24.15*	*3.82*	*3.09*	*7.03*	*8.14*
$30,000 ar more	57.59	51.84	44.10	62.88	55.96	57.49	53.71
	1.37	*5.42*	*10.15*	*2.62*	*1.88*	*4.16*	*4.17*

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Outpatient Hospital Visit				
All Beneficiaries	57.90	50.58	65.89	58.58	56.81	59.16	57.05
	0.77	*1.53*	*1.54*	*1.12*	*1.03*	*2.89*	*2.14*
Health Status							
Excellent	45.96	32.37	52.73	47.41	45.93	49.63	48.63
	1.34	*2.76*	*4.14*	*2.22*	*1.78*	*5.64*	*4.16*
Very Good	51.58	45.14	49.89	53.03	51.64	51.80	53.15
	1.16	*3.24*	*3.52*	*1.68*	*1.59*	*5.30*	*4.71*
Good	59.34	50.20	61.50	61.04	59.59	63.87	58.22
	1.02	*3.00*	*2.34*	*1.89*	*1.72*	*4.20*	*3.80*
Foir	67.39	56.76	72.96	67.85	68.13	69.09	66.90
	1.17	*2.97*	*2.12*	*2.20*	*2.20*	*5.60*	*6.52*
Poor	72.52	62.69	78.27	75.63	72.15	69.57	72.72
	1.38	*3.40*	*2.52*	*2.29*	*2.41*	*8.14*	*7.50*
Functional Limitation							
None	52.23	44.12	58.71	53.55	51.83	53.64	52.51
	0.88	*2.19*	*2.24*	*1.47*	*1.14*	*3.11*	*2.78*
IADL only[4]	62.52	53.69	66.13	63.58	62.70	66.27	62.19
	1.15	*2.06*	*2.55*	*2.17*	*1.92*	*5.26*	*4.14*
One to two ADLs[5]	66.13	61.32	68.97	65.64	66.77	67.60	66.90
	1.22	*2.86*	*2.66*	*2.10*	*2.54*	*6.38*	*6.36*
Three to five ADLs	70.31	55.32	74.33	72.61	72.14	73.78	70.57
	1.50	*4.47*	*2.68*	*3.21*	*3.17*	*8.34*	*8.20*

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Outpatient Hospital Visit				
All Beneficiaries	57.90	50.58	65.89	58.58	56.81	59.16	57.05
	0.77	*1.53*	*1.54*	*1.12*	*1.03*	*2.89*	*2.14*
Metropolitan Area Resident							
Yes	56.36	50.10	66.08	56.31	54.90	57.20	56.07
	0.94	*1.90*	*1.66*	*1.41*	*1.10*	*3.40*	*2.15*
No	62.41	52.01	65.84	63.37	63.81	65.87	71.85
	1.21	*2.35*	*3.46*	*1.77*	*2.27*	*4.96*	*8.58*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Sociaeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Physician/Supplier Service				
All Beneficiaries	92.36	83.25	92.42	93.70	93.55	96.60	92.76
	0.27	*1.23*	*0.74*	*0.45*	*0.42*	*0.78*	*0.97*
Medicare Status[3]							
Aged							
65 - 74 years	90.72	80.04	92.35	90.94	91.94	95.82	91.83
	0.38	*1.88*	*1.16*	*0.70*	*0.63*	*1.13*	*1.35*
75 - 84 years	95.60	87.04	94.10	97.13	96.56	98.67	94.60
	0.32	*1.79*	*1.09*	*0.49*	*0.58*	*0.93*	*1.52*
85 years and older	95.93	88.82	96.60	96.86	97.69	95.04	94.86
	0.65	*2.61*	*1.12*	*0.86*	*0.88*	*4.81*	*2.77*
Disabled							
Under 45 years	86.65	82.05	86.82	97.97	91.01	100.00	87.77
	1.27	*2.77*	*1.75*	*2.00*	*3.06*	*0.00*	*15.87*
45 - 64 years	90.71	85.18	92.12	94.64	93.83	94.51	89.50
	0.88	*2.27*	*1.42*	*2.07*	*1.58*	*5.62*	*4.98*
Gender							
Male	90.84	82.45	88.30	93.43	92.76	95.94	89.16
	0.39	*1.57*	*1.32*	*0.76*	*0.58*	*1.40*	*1.64*
Female	93.54	84.31	94.73	93.88	94.25	97.10	95.60
	0.33	*1.53*	*0.76*	*0.58*	*0.52*	*0.85*	*1.11*
Living Arrangement							
Lives alone	93.33	83.88	94.16	93.72	95.07	97.74	94.55
	0.47	*2.08*	*1.22*	*0.85*	*0.77*	*1.27*	*1.75*
With spouse	92.54	84.91	93.39	93.52	93.11	96.38	92.11
	0.40	*1.73*	*1.43*	*0.60*	*0.57*	*1.10*	*1.26*
With children	91.74	80.11	93.32	94.91	92.52	100.00	94.87
	0.89	*3.21*	*1.64*	*1.43*	*1.86*	*0.00*	*2.43*
With others	88.42	79.01	87.21	93.75	94.05	90.88	88.14
	1.21	*3.16*	*1.91*	*1.99*	*1.76*	*5.28*	*5.38*

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Physician/Supplier Service				
All Beneficiaries	92.36	83.25	92.42	93.70	93.55	96.60	92.76
	0.27	*1.23*	*0.74*	*0.45*	*0.42*	*0.78*	*0.97*
Race/Ethnicity							
White non-Hispanic	92.99	84.28	92.96	93.82	93.85	96.59	93.36
	0.26	*1.22*	*0.85*	*0.48*	*0.46*	*0.80*	*1.06*
Black non-Hispanic	89.12	81.76	92.61	91.36	92.02	100.00	85.90
	1.20	*3.06*	*1.34*	*2.96*	*1.88*	*0.00*	*3.49*
Hispanic	87.87	78.73	90.43	90.15	88.34	88.21	90.19
	1.81	*5.15*	*2.44*	*3.58*	*3.00*	*11.27*	*5.11*
Other	93.28	85.03	92.59	96.94	95.49	100.00	100.00
	1.57	*4.35*	*3.20*	*3.14*	*4.20*	*0.00*	*0.00*
Income							
Less than $2,500	91.60	83.23	92.71	94.98	91.79	100.00	88.74
	1.34	*4.09*	*2.88*	*2.41*	*2.89*	*0.00*	*7.09*
$2,500 - $4,999	83.91	69.58	87.62	78.59	94.80	100.00	100.00
	2.07	*6.19*	*2.52*	*3.74*	*4.00*	*0.00*	*0.00*
$5,000 - $7,499	88.82	76.17	92.32	90.50	89.84	87.76	94.14
	0.80	*2.58*	*0.98*	*1.36*	*2.04*	*8.22*	*3.25*
$7,500 - $9,999	91.86	85.67	95.14	92.25	92.61	100.00	94.72
	0.74	*2.42*	*1.32*	*1.22*	*1.61*	*0.00*	*1.82*
$10,000 - $14,999	93.44	84.33	95.20	94.84	94.58	96.57	95.40
	0.57	*2.30*	*1.34*	*0.99*	*0.98*	*2.35*	*1.97*
$15,000 - $19,999	92.81	90.46	95.74	94.32	92.22	98.67	86.23
	0.74	*2.84*	*4.25*	*1.24*	*1.00*	*1.39*	*4.13*
$20,000 - $24,999	92.69	90.82	100.00	94.61	91.18	92.47	94.35
	0.83	*3.81*	*0.00*	*1.16*	*1.38*	*3.22*	*2.48*
$25,000 - $29,999	95.28	92.80	49.46	97.75	95.06	97.83	89.95
	0.87	*3.22*	*26.50*	*1.09*	*1.36*	*2.20*	*4.23*
$30,000 or more	94.88	85.20	93.52	95.34	95.46	97.01	92.33
	0.54	*3.28*	*5.40*	*1.10*	*0.76*	*1.36*	*2.08*

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionolized Medicore Beneficiaries, by Insuronce Coveroge, ond by Demogrophic, Socioeconomic, ond Health Choracteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-far-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Emplayer-Spansared Private Insurance	Bath Types af Private Insurance	
			Percent af Beneficiaries with at Least One Physician/Supplier Service				
All Beneficiaries	92.36	83.25	92.42	93.70	93.55	96.60	92.76
	0.27	*1.23*	*0.74*	*0.45*	*0.42*	*0.78*	*0.97*
Health Status							
Excellent	86.60	68.56	83.95	88.14	89.12	94.04	87.26
	0.86	*3.47*	*3.52*	*1.37*	*1.47*	*2.28*	*2.64*
Very Good	90.74	81.94	86.57	91.25	92.12	94.67	91.38
	0.54	*2.76*	*2.06*	*1.05*	*0.88*	*1.78*	*1.73*
Good	94.08	85.11	91.77	96.59	94.97	98.34	93.77
	0.41	*1.66*	*1.08*	*0.58*	*0.71*	*1.02*	*1.87*
Fair	95.43	85.76	95.33	97.14	97.75	99.08	97.79
	0.54	*2.42*	*0.95*	*0.81*	*0.60*	*1.95*	*1.37*
Poor	95.49	89.87	96.77	97.15	96.22	97.96	100.00
	0.64	*2.25*	*0.88*	*0.94*	*1.25*	*2.04*	*0.00*
Functianal Limitatian							
Nane	90.13	77.41	88.23	91.70	91.63	95.61	90.22
	0.42	*2.03*	*1.34*	*0.74*	*0.62*	*1.09*	*1.44*
IADL anly[4]	94.55	87.29	93.32	95.83	96.41	97.81	96.77
	0.44	*1.80*	*1.20*	*0.68*	*0.60*	*1.71*	*1.24*
One to twa ADLs[5]	95.43	89.64	93.50	97.13	96.97	98.79	96.71
	0.54	*1.96*	*1.57*	*0.74*	*0.75*	*1.25*	*1.83*
Three to five ADLs	96.34	89.93	96.75	97.44	98.12	98.24	98.67
	0.52	*2.21*	*1.10*	*1.15*	*1.03*	*1.82*	*1.97*

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Physician/Supplier Service				
All Beneficiaries	92.36	83.25	92.42	93.70	93.55	96.60	92.76
	0.27	*1.23*	*0.74*	*0.45*	*0.42*	*0.78*	*0.97*
Metropolitan Area Resident							
Yes	92.63	84.26	92.76	94.09	93.42	96.39	92.35
	0.28	*1.41*	*0.87*	*0.50*	*0.46*	*0.87*	*1.03*
No	91.81	81.67	91.89	92.95	94.29	97.36	98.91
	0.62	*2.47*	*1.36*	*0.92*	*0.80*	*1.64*	*1.48*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Sociaeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Dental Service				
All Beneficiaries	40.39	21.14	23.41	44.16	47.38	52.13	44.69
	0.69	*1.25*	*1.18*	*1.02*	*1.04*	*1.86*	*1.94*
Medicare Status[3]							
Aged							
65 - 74 years	44.56	19.21	25.77	48.27	50.70	54.07	45.19
	0.86	*2.09*	*2.21*	*1.34*	*1.36*	*2.84*	*2.99*
75 - 84 years	38.53	19.75	16.33	42.18	43.49	50.87	48.48
	0.98	*2.23*	*1.75*	*1.50*	*1.72*	*3.59*	*3.54*
85 years and older	27.17	16.42	13.74	29.88	35.06	42.17	24.06
	1.32	*3.11*	*2.43*	*1.90*	*2.91*	*6.45*	*5.43*
Disabled							
Under 45 years	34.61	27.31	34.94	42.45	44.21	52.32	45.04
	1.49	*2.83*	*2.43*	*8.76*	*4.97*	*29.77*	*18.61*
45 - 64 years	31.79	27.27	25.63	35.10	40.61	47.17	37.12
	1.74	*2.48*	*2.41*	*4.61*	*3.03*	*12.04*	*9.27*
Gender							
Male	39.90	20.97	22.71	44.30	47.05	50.79	45.37
	0.99	*1.73*	*1.80*	*1.46*	*1.63*	*2.88*	*2.87*
Female	40.77	21.37	23.81	44.08	47.67	53.13	44.15
	0.75	*1.65*	*1.44*	*1.28*	*1.20*	*2.55*	*2.42*
Living Arrangement							
Lives alone	39.09	23.12	23.12	41.72	46.80	57.08	48.37
	0.98	*2.26*	*1.66*	*1.72*	*1.82*	*2.75*	*3.62*
With spouse	44.76	20.44	22.80	48.02	49.54	51.36	47.29
	0.88	*1.87*	*2.57*	*1.26*	*1.18*	*2.40*	*2.76*
With children	27.08	22.39	20.22	31.88	30.72	40.62	32.34
	1.42	*3.00*	*2.41*	*2.72*	*3.18*	*11.80*	*5.66*
With others	30.82	18.44	27.97	37.67	39.93	42.22	26.65
	1.49	*2.51*	*2.25*	*3.57*	*3.91*	*10.89*	*8.06*

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Spansared Private Insurance	Bath Types af Private Insurance	
			Percent af Beneficiaries with at Least One Dental Service				
All Beneficiaries	40.39	21.14	23.41	44.16	47.38	52.13	44.69
	0.69	*1.25*	*1.18*	*1.02*	*1.04*	*1.86*	*1.94*
Race/Ethnicity							
White non-Hisponic	43.09	22.33	24.60	44.95	48.43	53.10	47.10
	0.75	*1.48*	*1.68*	*1.08*	*1.09*	*1.95*	*2.28*
Block non-Hisponic	23.51	14.72	20.79	28.02	36.68	33.49	23.61
	1.43	*2.35*	*1.88*	*4.54*	*2.85*	*12.32*	*6.05*
Hisponic	29.08	26.87	21.77	37.51	39.25	41.33	33.61
	2.81	*3.71*	*3.41*	*6.46*	*4.13*	*16.16*	*7.49*
Other	33.54	27.37	28.62	35.98	37.64	58.76	49.47
	3.94	*8.21*	*5.64*	*10.39*	*9.45*	*22.90*	*15.85*
Incame							
Less thon $2,500	31.02	21.05	32.74	27.59	41.34	59.39	11.06
	2.63	*4.96*	*4.67*	*5.69*	*6.00*	*13.55*	*8.03*
$2,500 - $4,999	20.32	21.23	15.41	22.35	28.53	52.07	19.81
	1.93	*4.85*	*2.31*	*4.32*	*7.35*	*25.49*	*11.30*
$5,000 - $7,499	22.62	17.93	21.67	24.93	28.55	37.09	20.49
	1.04	*2.22*	*1.67*	*2.40*	*2.91*	*10.64*	*6.18*
$7,500 - $9,999	30.39	18.32	30.40	31.65	35.05	39.47	40.59
	1.16	*2.33*	*3.36*	*2.25*	*2.66*	*10.04*	*5.66*
$10,000 - $14,999	34.76	20.74	23.29	37.65	38.66	36.62	38.03
	1.16	*2.37*	*3.54*	*1.69*	*2.15*	*4.80*	*4.41*
$15,000 - $19,999	41.77	23.82	33.90	46.20	41.16	50.57	43.57
	1.42	*4.15*	*8.79*	*2.58*	*2.58*	*5.06*	*5.99*
$20,000 - $24,999	47.34	29.83	29.49	56.35	43.60	46.51	47.56
	1.64	*6.72*	*14.28*	*2.70*	*2.35*	*6.06*	*6.40*
$25,000 - $29,999	52.91	22.95	23.17	55.94	53.79	57.52	57.87
	1.93	*6.39*	*22.27*	*3.24*	*3.23*	*6.99*	*7.05*
$30,000 or more	64.97	30.63	29.28	69.19	66.25	65.86	64.38
	1.29	*4.94*	*10.14*	*2.30*	*1.79*	*3.53*	*4.31*

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Dental Service				
All Beneficiaries	40.39	21.14	23.41	44.16	47.38	52.13	44.69
	0.69	*1.25*	*1.18*	*1.02*	*1.04*	*1.86*	*1.94*
Health Status							
Excellent	47.90	18.17	25.93	52.13	53.34	59.74	50.96
	1.38	*2.68*	*3.43*	*2.60*	*1.90*	*4.11*	*4.91*
Very Good	46.04	21.26	29.50	47.71	51.31	54.35	46.05
	1.17	*2.72*	*3.33*	*1.65*	*1.89*	*3.58*	*3.37*
Good	40.52	22.82	22.54	43.98	46.79	54.90	42.26
	0.98	*2.44*	*1.93*	*1.71*	*1.74*	*3.36*	*3.70*
Foir	32.41	21.32	22.31	37.26	38.20	39.96	39.09
	1.06	*2.42*	*1.93*	*2.20*	*2.00*	*5.09*	*4.81*
Poor	26.92	20.90	20.27	28.65	34.84	32.36	42.24
	1.47	*2.80*	*2.16*	*2.86*	*2.69*	*7.32*	*8.91*
Functianal Limitatian							
None	45.44	19.99	24.93	49.18	50.47	55.68	48.40
	0.91	*1.67*	*2.12*	*1.25*	*1.27*	*2.57*	*2.56*
IADL anly[4]	36.30	22.33	26.29	39.58	42.68	48.29	41.67
	1.13	*1.97*	*2.04*	*1.99*	*2.10*	*5.06*	*4.23*
One ta two ADLs[5]	33.93	23.24	20.41	37.01	42.06	46.03	37.41
	1.06	*2.57*	*2.17*	*2.19*	*2.44*	*6.19*	*5.84*
Three to five ADLs	27.56	19.93	18.60	29.03	39.80	41.08	26.89
	1.66	*3.55*	*2.58*	*3.36*	*3.55*	*8.85*	*9.28*

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Dental Service				
All Beneficiaries	40.39	21.14	23.41	44.16	47.38	52.13	44.69
	0.69	*1.25*	*1.18*	*1.02*	*1.04*	*1.86*	*1.94*
Metropolitan Area Resident							
Yes	42.35	21.06	25.75	46.40	48.53	53.36	46.21
	0.74	*1.45*	*1.39*	*1.17*	*1.16*	*2.36*	*2.02*
No	35.10	21.49	18.09	39.51	43.49	47.93	21.65
	1.47	*2.32*	*2.08*	*1.94*	*2.00*	*2.73*	*5.85*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Prescribed Medicine				
All Beneficiaries	85.20	76.58	86.72	85.75	86.59	88.78	85.04
	0.36	*1.26*	*0.91*	*0.64*	*0.60*	*1.71*	*1.68*
Medicare Status[3]							
Aged							
65 - 74 years	83.38	73.62	84.43	83.28	85.14	87.54	83.17
	0.59	*2.15*	*1.98*	*0.97*	*0.90*	*2.31*	*2.30*
75 - 84 years	88.34	77.38	90.95	89.11	88.93	92.63	88.52
	0.55	*2.42*	*1.42*	*0.90*	*0.94*	*2.22*	*2.35*
85 years and older	87.76	77.34	92.01	88.31	88.51	88.95	87.35
	0.94	*2.92*	*1.76*	*1.45*	*1.83*	*4.09*	*4.16*
Disabled							
Under 45 years	78.38	76.84	78.89	79.12	78.56	52.32	100.00
	1.45	*3.20*	*2.06*	*7.48*	*4.29*	*29.77*	*0.00*
45 - 64 years	87.08	83.13	88.83	85.43	92.24	76.06	80.29
	1.13	*2.35*	*1.70*	*3.29*	*1.53*	*8.07*	*6.68*
Gender							
Male	82.22	74.22	80.84	84.37	84.03	84.43	82.52
	0.57	*1.66*	*1.59*	*1.03*	*0.88*	*2.83*	*2.78*
Female	87.52	79.70	90.01	86.61	88.85	92.00	87.04
	0.38	*1.70*	*0.93*	*0.81*	*0.74*	*1.74*	*1.87*
Living Arrangement							
Lives alone	85.92	75.44	87.87	85.09	88.91	89.45	88.20
	0.63	*2.69*	*1.54*	*1.06*	*1.22*	*3.07*	*2.35*
With spouse	85.25	77.23	88.49	85.46	86.18	88.89	85.06
	0.54	*1.80*	*1.82*	*0.82*	*0.82*	*1.82*	*2.22*
With children	86.05	79.30	87.94	89.29	85.12	100.00	80.54
	1.24	*3.18*	*2.10*	*2.12*	*2.06*	*0.00*	*4.93*
With others	81.24	74.02	81.43	87.28	82.95	76.74	79.91
	1.32	*2.98*	*2.30*	*2.45*	*2.87*	*8.61*	*6.60*

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Prescribed Medicine				
All Beneficiaries	85.20	76.58	86.72	85.75	86.59	88.78	85.04
	0.36	*1.26*	*0.91*	*0.64*	*0.60*	*1.71*	*1.68*
Race/Ethnicity							
White non-Hispanic	85.52	76.96	87.29	85.72	86.69	88.54	85.52
	0.42	*1.51*	*1.14*	*0.67*	*0.66*	*1.79*	*1.64*
Black non-Hispanic	83.08	76.32	85.35	83.99	86.11	92.04	87.31
	1.25	*2.36*	*2.47*	*3.28*	*2.57*	*7.74*	*3.94*
Hispanic	84.57	74.44	86.36	90.16	87.35	88.21	81.89
	1.63	*4.27*	*2.06*	*3.16*	*2.90*	*11.27*	*8.45*
Other	82.68	74.20	87.62	88.75	78.45	100.00	65.16
	3.36	*8.47*	*4.13*	*6.03*	*8.25*	*0.00*	*16.72*
Income							
Less than $2,500	85.47	72.23	89.21	91.53	91.71	74.25	67.85
	1.72	*5.82*	*3.25*	*2.78*	*2.84*	*12.21*	*12.63*
$2,500 - $4,999	77.28	74.06	80.24	68.37	84.66	100.00	81.40
	1.89	*5.09*	*3.01*	*4.45*	*6.28*	*0.00*	*10.95*
$5,000 - $7,499	82.88	71.57	87.43	81.23	80.37	96.69	95.62
	0.96	*2.64*	*1.09*	*2.01*	*3.10*	*3.46*	*3.06*
$7,500 - $9,999	85.30	80.36	86.99	85.88	86.90	94.49	83.35
	0.90	*2.71*	*2.38*	*1.55*	*1.82*	*5.43*	*4.29*
$10,000 - $14,999	85.62	76.23	88.36	85.58	87.65	89.80	89.72
	0.82	*2.74*	*2.33*	*1.22*	*1.39*	*2.76*	*2.89*
$15,000 - $19,999	86.05	84.35	95.74	87.08	86.02	86.41	80.77
	1.09	*3.54*	*4.25*	*1.80*	*1.51*	*4.02*	*4.97*
$20,000 - $24,999	85.14	79.37	93.14	85.84	85.74	86.50	80.98
	1.20	*6.30*	*4.49*	*1.90*	*1.75*	*3.47*	*5.95*
$25,000 - $29,999	88.81	83.80	70.94	92.15	88.73	90.60	79.06
	1.27	*5.36*	*24.74*	*2.10*	*1.89*	*4.04*	*6.66*
$30,000 or more	86.42	69.72	86.02	87.29	86.62	89.07	88.22
	0.93	*5.16*	*8.72*	*1.54*	*1.25*	*3.00*	*2.85*

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Prescribed Medicine				
All Beneficiaries	85.20	76.58	86.72	85.75	86.59	88.78	85.04
	0.36	*1.26*	*0.91*	*0.64*	*0.60*	*1.71*	*1.68*
Health Status							
Excellent	74.04	56.10	73.68	73.72	77.03	83.76	76.48
	1.11	*3.31*	*4.17*	*1.90*	*1.61*	*3.39*	*3.75*
Very Good	81.35	69.60	77.34	82.20	83.20	84.61	81.41
	0.84	*3.54*	*2.70*	*1.37*	*1.07*	*3.63*	*2.90*
Good	87.94	80.05	85.44	89.67	89.75	91.27	85.68
	0.57	*1.97*	*1.53*	*1.08*	*0.99*	*2.05*	*2.76*
Fair	92.38	83.63	92.34	93.69	94.56	94.82	95.74
	0.56	*1.93*	*1.09*	*1.15*	*0.83*	*2.60*	*1.91*
Poor	92.82	85.12	92.50	94.75	96.83	94.38	100.00
	0.71	*2.12*	*1.47*	*1.30*	*1.19*	*4.31*	*0.00*
Functianal Limitatian							
Nane	80.67	68.34	80.41	80.84	83.07	84.36	81.49
	0.59	*2.09*	*1.68*	*1.05*	*0.79*	*2.42*	*2.21*
IADL only[4]	90.33	82.80	88.81	91.85	92.39	95.81	89.97
	0.55	*1.87*	*1.38*	*1.04*	*1.09*	*2.03*	*2.19*
One to two ADLs[5]	91.16	85.59	89.08	92.76	92.14	96.23	95.04
	0.64	*2.02*	*1.92*	*1.21*	*1.13*	*2.22*	*2.42*
Three to five ADLs	91.90	84.57	91.01	95.08	94.91	93.78	87.06
	0.86	*2.62*	*1.61*	*1.63*	*1.42*	*3.67*	*4.97*

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[2]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percent of Beneficiaries with at Least One Prescribed Medicine				
All Beneficiaries	85.20	76.58	86.72	85.75	86.59	88.78	85.04
	0.36	*1.26*	*0.91*	*0.64*	*0.60*	*1.71*	*1.68*
Metropolitan Area Resident							
Yes	85.56	77.39	86.93	86.31	86.57	89.78	84.31
	0.41	*1.66*	*1.03*	*0.78*	*0.65*	*1.92*	*1.73*
No	84.42	75.28	86.90	84.66	86.87	85.38	96.08
	0.76	*1.76*	*2.00*	*1.17*	*1.54*	*3.53*	*3.24*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

All Medicare Beneficiaries

Beneficiary Characteristic	Total[1]	Medicare Fee-for-Service Only	Supplemental Health Insurance[2]	
			Medicaid	Private Insurance
	Percent of Beneficiaries with at Least One Short- or Long-Term Facility Stay			
All Beneficiaries	7.69	8.74	28.66	2.77
	0.23	*0.62*	*1.06*	*0.16*
Medicare Status[3]				
Aged				
65 - 74 years	2.39	3.19	14.78	0.74
	0.26	*0.77*	*1.84*	*0.15*
75 - 84 years	9.08	10.35	33.03	4.23
	0.44	*1.70*	*2.15*	*0.39*
85 years and older	30.81	38.72	60.88	12.99
	0.94	*3.30*	*2.16*	*0.97*
Disabled				
Under 45 years	11.40	5.46	17.15	1.81
	1.11	*1.85*	*1.73*	*1.10*
45 - 64 years	7.21	3.91	17.92	1.15
	0.75	*1.22*	*2.01*	*0.53*
Gender				
Male	5.80	7.12	25.00	2.02
	0.33	*0.90*	*1.69*	*0.22*
Female	9.12	10.78	30.56	3.33
	0.32	*1.22*	*1.11*	*0.23*
Marital Status				
Married	2.81	4.27	18.24	1.51
	0.18	*0.74*	*1.86*	*0.16*
Widowed	12.88	14.46	35.40	5.05
	0.44	*1.66*	*1.73*	*0.40*
Divorced/separated	7.23	5.13	15.78	2.24
	0.90	*1.46*	*2.12*	*0.64*
Never married	20.76	16.77	33.88	6.57
	1.25	*2.91*	*1.92*	*1.22*

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Caverage, and by Demagraphic, Saciaecanamic, and Health Characteristics, 1992 (2 af 4)

All Medicare Beneficiaries

Beneficiary Characteristic	Tatal[1]	Medicare Fee-far-Service Only	Supplemental Health Insurance[2]	
			Medicaid	Private Insurance
	Percent af Beneficiaries with at Least One Short- ar Long-Term Facility Stay			
All Beneficiaries	7.69	8.74	28.66	2.77
	0.23	*0.62*	*1.06*	*0.16*
Race/Ethnicity				
White non-Hispanic	8.02	11.55	39.34	2.85
	0.26	*0.87*	*1.40*	*0.17*
Black nan-Hispanic	6.23	2.11	13.69	1.45
	0.65	*0.57*	*1.61*	*0.60*
Hispanic	4.20	1.06	7.44	1.84
	0.75	*0.92*	*1.62*	*0.93*
Other	5.34	0.96	9.86	1.20
	1.50	*0.96*	*2.80*	*1.21*
Incame				
Less than $2,500	11.41	4.56	32.27	3.31
	1.64	*2.23*	*4.20*	*1.04*
$2,500 - $4,999	18.45	7.13	31.86	3.58
	1.49	*3.27*	*3.20*	*1.10*
$5,000 - $7,499	15.73	4.25	25.89	4.73
	0.77	*1.01*	*1.28*	*0.72*
$7,500 - $9,999	9.87	7.35	28.70	4.21
	0.67	*1.18*	*2.48*	*0.65*
$10,000 - $14,999	6.29	11.00	29.66	3.03
	0.53	*1.72*	*3.17*	*0.44*
$15,000 - $19,999	4.64	9.30	36.75	3.07
	0.45	*2.21*	*5.97*	*0.44*
$20,000 - $24,999	4.19	17.54	60.22	2.13
	0.59	*4.07*	*10.06*	*0.46*
$25,000 - $29,999	2.19	13.04	21.60	1.28
	0.44	*4.01*	*16.71*	*0.43*
$30,000 or mare	2.80	12.96	35.20	1.72
	0.37	*3.14*	*9.09*	*0.31*

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

All Medicare Beneficiaries

Beneficiary Characteristic	Total[1]	Medicare Fee-for-Service Only	Supplemental Health Insurance[2]	
			Medicaid	Private Insurance
	Percent of Beneficiaries with at Least One Short- or Long-Term Facility Stay			
All Beneficiaries	7.69	8.74	28.66	2.77
	0.23	*0.62*	*1.06*	*0.16*
Health Status				
Excellent	1.99	2.10	13.42	0.99
	0.25	*0.79*	*2.56*	*0.23*
Very Good	3.43	6.29	22.02	1.23
	0.35	*1.26*	*2.50*	*0.25*
Good	8.46	9.98	32.60	2.97
	0.43	*1.35*	*2.16*	*0.35*
Fair	13.41	12.92	31.90	5.40
	0.68	*1.50*	*2.10*	*0.63*
Poor	13.66	8.46	27.59	6.78
	0.83	*1.56*	*1.90*	*0.93*
Functianal Limitatian				
None	0.50	1.00	1.47	0.37
	0.08	*0.40*	*0.63*	*0.08*
IADL anly[4]	3.95	3.34	10.45	2.14
	0.39	*0.86*	*1.46*	*0.34*
One to two ADLs[5]	11.54	12.31	28.37	5.34
	0.84	*1.76*	*2.58*	*0.68*
Three to five ADLs	41.18	36.36	61.81	20.81
	1.31	*2.86*	*1.95*	*1.88*

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

All Medicare Beneficiaries

Beneficiary Characteristic	Tatal[1]	Medicare Fee-far-Service Only	Supplemental Health Insurance[2]	
			Medicaid	Private Insurance
	Percent af Beneficiaries with at Least One Shart- ar Lang-Term Facility Stay			
All Beneficiaries	7.69	8.74	28.66	2.77
	0.23	*0.62*	*1.06*	*0.16*
Metrapalitan Area Resident				
Yes	7.57	8.59	29.27	2.79
	0.26	*0.73*	*1.34*	*0.20*
Na	8.07	9.12	27.44	2.74
	0.43	*1.18*	*1.78*	*0.27*

Source: Medicare Current Beneficiary Survey

Nate: Standard errors are in blue and italics. See Appendix A far additianal infarmatian an standard errars. See Appendix B far definitians af terms and variables.

1 The 7.69 percent af Medicare beneficiaries with a facility stay differs fram the 6.64 percent af Medicare beneficiaries wha either resided full-year in a lang-term care facility ar part af the year in a lang-term care facility, as shawn in Table 1.1. User rates in this table include full-year cammunity residents wha had shart-term facility stays (institutianal events), primarily in skilled nursing facilities, that were reparted either during a cammunity interview ar created thraugh Medicare claims data. The residence rates in Table 1.1 da nat caunt such peaple as residing full- ar part-year in a lang-term care facility.

2 Beneficiaries enralled in Medicare HMOs are nat included in individual categaries in the table, but are included in the tatal. Beneficiaries wha were nat eligible far Medicaid at any time during 1992, but wha had individually-purchased private insurance, emplayer-spansared private insurance, unknawn purchaser far private insurance, ar wha were enralled in a private HMO are included in the categary "Private Insurance."

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgraups af "Aged" and "Disabled."

4 IADL stands far Instrumental Activity af Daily Living.

5 ADL stands far Activity af Daily Living.

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1992 (1 of 3)

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Total Medical Services						
All beneficiaries	$247,037	53.28	13.99	9.88	19.73	3.11
	4,091	*0.83*	*0.81*	*0.38*	*0.41*	*0.26*
Beneficiaries 65 years and older	213,755	54.95	12.29	10.13	20.81	1.82
	3,608	*0.73*	*0.66*	*0.39*	*0.49*	*0.16*
Beneficiaries 64 years and younger	33,282	42.60	24.93	8.27	12.82	11.38
	2,029	*2.36*	*2.69*	*1.13*	*0.69*	*1.49*
Inpatient Hospital Services						
All beneficiaries	81,061	87.08	1.44	7.47	1.93	2.07
	2,145	*0.85*	*0.11*	*0.79*	*0.23*	*0.30*
Beneficiaries 65 years and older	71,036	88.48	1.15	7.12	1.93	1.32
	2,045	*0.85*	*0.10*	*0.78*	*0.25*	*0.26*
Beneficiaries 64 years and younger	10,025	77.19	3.46	9.99	1.91	7.44
	788	*3.05*	*0.36*	*2.65*	*0.36*	*1.38*
Outpatient Hospital Services						
All beneficiaries	19,294	62.05	3.90	20.29	9.63	4.13
	623	*0.77*	*0.28*	*0.69*	*0.40*	*0.41*
Beneficiaries 65 years and older	15,756	61.69	3.08	22.02	9.91	3.29
	534	*0.81*	*0.27*	*0.74*	*0.47*	*0.44*
Beneficiaries 64 years and younger	3,538	63.63	7.56	12.57	8.37	7.87
	286	*1.85*	*0.70*	*1.27*	*0.66*	*1.09*
Physician/Supplier Services						
All beneficiaries	57,367	63.44	2.86	14.87	17.79	1.05
	1,022	*0.40*	*0.15*	*0.35*	*0.32*	*0.11*
Beneficiaries 65 years and older	51,593	64.18	2.20	15.14	17.74	0.74
	1,010	*0.43*	*0.13*	*0.38*	*0.35*	*0.10*
Beneficiaries 64 years and younger	5,774	56.80	8.77	12.38	18.24	3.81
	286	*1.35*	*0.81*	*0.96*	*0.76*	*0.59*

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1992 (2 of 3)

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Dental Services						
All beneficiaries	$4,882	0.11	2.18	11.87	82.92	2.92
	152	*0.03*	*0.24*	*0.64*	*0.82*	*0.50*
Beneficiaries 65 years and older	4,469	0.12	1.23	11.73	84.28	2.64
	138	*0.03*	*0.19*	*0.71*	*0.90*	*0.50*
Beneficiaries 64 years and younger	413	0.02	12.42	13.44	68.19	5.93
	51	*0.01*	*2.38*	*1.95*	*2.70*	*1.70*
Prescription Medicines						
All beneficiaries	16,231	0.32	10.25	25.45	57.48	6.51
	231	*0.06*	*0.39*	*0.69*	*0.71*	*0.44*
Beneficiaries 65 years and older	13,934	0.30	8.00	26.12	59.78	5.80
	229	*0.07*	*0.40*	*0.74*	*0.80*	*0.42*
Beneficiaries 64 years and younger	2,297	0.42	23.90	21.36	43.46	10.85
	102	*0.16*	*1.74*	*1.83*	*1.73*	*1.53*
Medicare Hospice Services						
All beneficiaries	868	99.98	0.00	0.00	0.02	0.00
	137	*0.02*	*0.00*	*0.00*	*0.02*	*0.00*
Beneficiaries 65 years and older	831	99.97	0.00	0.00	0.03	0.00
	135	*0.02*	*0.00*	*0.00*	*0.02*	*0.00*
Beneficiaries 64 years and younger	37	100.00	0.00	0.00	0.00	0.00
	23	*0.00*	*0.00*	*0.00*	*0.00*	*0.00*
Medicare Home Health Services						
All beneficiaries	9,189	89.94	0.96	1.19	5.82	2.08
	638	*1.90*	*0.32*	*0.67*	*1.49*	*1.15*
Beneficiaries 65 years and older	8,540	90.71	0.76	0.93	5.83	1.77
	611	*2.00*	*0.30*	*0.70*	*1.61*	*1.16*
Beneficiaries 64 years and younger	649	79.93	3.63	4.59	5.75	6.10
	108	*5.71*	*2.29*	*2.33*	*2.94*	*5.46*

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1992 (3 of 3)

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Long-Term Facility Care[1]						
All beneficiaries	$58,146	6.00	50.14	1.87	36.46	5.53
	2,909	*0.47*	*2.02*	*0.30*	*1.73*	*0.90*
Beneficiaries 65 years and older	47,596	6.61	47.48	2.26	41.58	2.07
	1,916	*0.51*	*1.99*	*0.35*	*1.73*	*0.44*
Beneficiaries 64 years and younger	10,550	3.25	62.12	0.14	13.35	21.15
	1,634	*1.25*	*4.31*	*0.11*	*1.90*	*4.11*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims. See Appendix B for additional information.

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of raw total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source	
All Beneficiaries	$72,063	86.66	1.18	7.98	1.94	2.24	$2,098
	2,095	*0.94*	*0.11*	*0.88*	*0.25*	*0.34*	*59*
Medicare Status[3]							
Aged							
65 - 74 years	33,109	87.78	0.76	7.61	1.91	1.93	1,779
	1,501	*1.34*	*0.18*	*1.19*	*0.45*	*0.53*	*80*
75 - 84 years	23,153	88.56	0.87	8.00	1.72	0.85	2,358
	1,301	*1.09*	*0.14*	*0.98*	*0.47*	*0.28*	*128*
85 years and alder	6,373	89.00	1.29	5.95	3.12	0.64	2,523
	381	*1.05*	*0.17*	*0.55*	*0.96*	*0.25*	*148*
Disabled							
Under 45 years	3,145	76.03	5.03	12.20	1.62	5.12	2,738
	436	*6.43*	*0.89*	*6.75*	*0.51*	*1.42*	*375*
45 - 64 years	6,283	76.73	2.48	9.82	1.83	9.14	2,799
	584	*3.11*	*0.38*	*2.34*	*0.41*	*1.96*	*264*
Gender							
Male	35,839	85.32	0.95	8.15	2.16	3.42	2,384
	1,666	*1.24*	*0.18*	*1.07*	*0.42*	*0.64*	*109*
Female	36,224	87.99	1.41	7.81	1.72	1.07	1,876
	1,582	*1.39*	*0.14*	*1.37*	*0.33*	*0.24*	*81*
Living Arrangement							
Lives alane	19,551	86.97	1.58	7.25	2.95	1.26	2,015
	1,164	*1.72*	*0.19*	*1.53*	*0.87*	*0.32*	*117*
With spause	36,445	85.99	0.37	9.38	1.57	2.69	1,951
	1,636	*1.31*	*0.08*	*1.12*	*0.22*	*0.45*	*83*
With children	9,309	90.08	2.51	5.29	1.53	0.60	2,875
	1,161	*1.60*	*0.55*	*1.65*	*0.31*	*0.21*	*328*
With athers	6,758	84.72	2.53	6.28	1.56	4.90	2,484
	737	*2.94*	*0.42*	*2.06*	*0.43*	*2.24*	*243*

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$72,063	86.66	1.18	7.98	1.94	2.24	$2,098
	2,095	*0.94*	*0.11*	*0.88*	*0.25*	*0.34*	*59*
Race/Ethnicity							
White non-Hispanic	59,173	86.24	0.71	8.77	2.03	2.25	2,058
	1,886	*1.08*	*0.07*	*1.01*	*0.30*	*0.34*	*63*
Black non-Hispanic	7,710	88.20	3.40	4.20	1.74	2.45	2,493
	934	*1.25*	*0.64*	*1.17*	*0.37*	*0.93*	*287*
Hispanic	3,702	87.18	3.03	5.72	1.59	2.48	1,999
	677	*3.59*	*0.55*	*2.97*	*0.59*	*2.11*	*313*
Other	1,407	94.05	4.00	1.60	0.35	0.00	2,452
	370	*1.68*	*1.42*	*0.61*	*0.21*	*0.00*	*624*
Income							
Less than $2,500	2,345	91.06	2.80	3.23	0.79	2.12	2,058
	511	*2.02*	*0.99*	*0.59*	*0.29*	*1.49*	*413*
$2,500 - $4,999	2,523	90.03	4.10	3.37	1.66	0.85	1,888
	385	*1.40*	*0.69*	*0.97*	*0.71*	*0.47*	*277*
$5,000 - $7,499	11,587	88.03	4.05	3.78	1.29	2.85	2,382
	1,058	*1.71*	*0.50*	*0.98*	*0.22*	*1.58*	*217*
$7,500 - $9,999	9,313	87.54	1.39	6.67	1.59	2.81	2,146
	715	*1.87*	*0.18*	*1.60*	*0.25*	*1.13*	*166*
$10,000 - $14,999	16,661	88.83	0.39	6.24	3.62	0.92	2,494
	1,229	*1.39*	*0.07*	*0.74*	*1.09*	*0.26*	*176*
$15,000 - $19,999	8,834	88.61	0.05	6.37	2.00	2.98	1,994
	900	*1.65*	*0.02*	*0.80*	*0.46*	*1.00*	*192*
$20,000 - $24,999	6,060	83.19	0.11	13.27	0.96	2.48	1,753
	645	*4.33*	*0.06*	*4.24*	*0.15*	*1.13*	*177*
$25,000 - $29,999	4,459	81.64	0.00	13.73	1.31	3.32	2,211
	634	*5.83*	*0.00*	*5.86*	*0.34*	*1.46*	*302*
$30,000 or more	10,281	81.54	0.06	14.71	1.39	2.30	1,691
	1,012	*2.60*	*0.04*	*2.45*	*0.28*	*0.59*	*156*

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$72,063	86.66	1.18	7.98	1.94	2.24	$2,098
	2,095	*0.94*	*0.11*	*0.88*	*0.25*	*0.34*	*59*
Health Status							
Excellent	5,925	88.91	0.42	8.29	2.18	0.20	1,020
	642	*2.41*	*0.12*	*2.24*	*0.72*	*0.18*	*101*
Very Good	9,429	87.13	0.56	7.31	4.04	0.96	1,069
	803	*1.92*	*0.11*	*0.84*	*1.69*	*0.35*	*85*
Good	18,637	85.30	1.01	9.10	1.72	2.87	1,886
	1,268	*1.86*	*0.15*	*1.90*	*0.34*	*0.48*	*127*
Foir	19,057	86.00	1.37	9.05	1.46	2.12	2,965
	1,298	*1.78*	*0.31*	*1.79*	*0.31*	*0.53*	*204*
Poor	18,813	87.92	1.70	6.08	1.41	2.89	5,661
	1,575	*1.27*	*0.23*	*0.80*	*0.21*	*0.92*	*434*
Functional Limitotion							
None	22,028	86.03	0.46	8.93	2.43	2.14	1,156
	1,104	*1.45*	*0.07*	*1.30*	*0.61*	*0.43*	*56*
IADL only[4]	18,873	86.26	1.33	9.12	1.22	2.07	2,404
	1,200	*2.37*	*0.17*	*2.40*	*0.19*	*0.38*	*145*
One to two ADLs[5]	16,796	86.68	1.53	7.04	2.30	2.45	3,473
	1,220	*1.57*	*0.33*	*1.16*	*0.74*	*0.72*	*239*
Three to five ADLs	14,284	88.11	1.68	6.14	1.71	2.36	5,559
	1,174	*1.61*	*0.25*	*1.16*	*0.46*	*1.06*	*434*

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$72,063	86.66	1.18	7.98	1.94	2.24	$2,098
	2,095	*0.94*	*0.11*	*0.88*	*0.25*	*0.34*	*59*
Metropolitan Area Resident							
Yes	56,649	86.99	1.20	7.72	2.03	2.07	2,245
	1,995	*1.13*	*0.14*	*1.08*	*0.31*	*0.39*	*75*
No	15,393	85.60	1.12	8.80	1.61	2.87	1,699
	802	*1.26*	*0.16*	*0.89*	*0.24*	*0.65*	*78*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millians of $)	Source of Payment (as a percent of raw total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-af-Packet	Other Saurce	
All Beneficiaries	$17,324	60.32	3.28	21.84	10.09	4.47	$504
	628	*0.85*	*0.26*	*0.74*	*0.43*	*0.44*	*18*
Medicare Status[3]							
Aged							
65 - 74 years	8,430	58.99	2.35	24.20	9.73	4.74	453
	457	*1.36*	*0.31*	*1.18*	*0.60*	*0.77*	*25*
75 - 84 years	4,789	61.79	2.09	22.63	11.77	1.73	488
	246	*1.06*	*0.33*	*0.94*	*0.86*	*0.36*	*24*
85 years and alder	953	61.64	4.38	22.71	9.58	1.70	377
	67	*1.20*	*1.42*	*1.27*	*1.01*	*0.61*	*25*
Disabled							
Under 45 years	1,068	63.88	8.72	12.45	7.24	7.71	930
	139	*2.55*	*1.10*	*2.42*	*1.11*	*1.55*	*121*
45 - 64 years	2,084	59.86	6.49	14.92	9.44	9.28	928
	223	*2.87*	*0.91*	*1.83*	*0.96*	*1.77*	*97*
Gender							
Male	8,279	56.07	2.62	22.40	11.32	7.59	551
	439	*1.12*	*0.31*	*0.83*	*0.64*	*0.87*	*29*
Female	9,045	64.20	3.88	21.33	8.98	1.61	468
	411	*1.09*	*0.35*	*1.00*	*0.47*	*0.27*	*21*
Living Arrangement							
Lives alane	5,225	63.27	3.90	19.90	8.72	4.21	539
	383	*1.39*	*0.42*	*1.18*	*0.64*	*0.88*	*38*
With spause	9,165	56.81	1.55	25.58	11.16	4.89	491
	409	*1.22*	*0.24*	*0.95*	*0.69*	*0.64*	*21*
With children	1,594	67.20	8.02	13.55	8.72	2.51	492
	167	*2.00*	*1.14*	*1.41*	*0.95*	*0.69*	*47*
With athers	1,339	64.59	7.02	13.72	9.77	4.89	492
	116	*1.76*	*0.78*	*1.50*	*1.12*	*0.93*	*39*

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$17,324	60.32	3.28	21.84	10.09	4.47	$504
	628	*0.85*	*0.26*	*0.74*	*0.43*	*0.44*	*18*
Race/Ethnicity							
White non-Hispanic	13,736	57.64	1.90	25.01	10.81	4.64	478
	545	*0.85*	*0.21*	*0.77*	*0.43*	*0.53*	*19*
Black non-Hispanic	2,067	70.10	7.37	10.69	7.72	4.11	668
	238	*1.69*	*0.91*	*1.74*	*1.02*	*0.85*	*75*
Hispanic	946	71.80	11.28	6.94	5.56	4.43	511
	221	*4.59*	*2.15*	*1.64*	*1.21*	*1.84*	*111*
Other	552	70.31	8.51	10.40	9.03	1.75	962
	139	*2.32*	*2.44*	*3.16*	*2.99*	*0.99*	*229*
Income							
Less than $2,500	467	59.84	6.33	14.47	9.54	9.82	410
	70	*3.46*	*1.60*	*2.69*	*1.46*	*3.55*	*54*
$2,500 - $4,999	682	72.48	9.54	12.19	4.55	1.25	511
	174	*2.27*	*2.39*	*2.64*	*1.21*	*0.50*	*130*
$5,000 - $7,499	2,522	70.98	11.50	8.31	7.61	1.60	519
	247	*1.66*	*0.75*	*1.06*	*0.96*	*0.32*	*48*
$7,500 - $9,999	2,489	64.43	4.26	16.75	10.06	4.50	574
	226	*1.88*	*0.66*	*1.46*	*1.07*	*1.18*	*51*
$10,000 - $14,999	3,531	59.71	1.37	21.53	11.96	5.43	528
	239	*1.55*	*0.27*	*1.08*	*0.97*	*1.14*	*32*
$15,000 - $19,999	2,183	60.81	0.61	23.92	10.85	3.81	493
	262	*2.98*	*0.29*	*2.05*	*1.40*	*0.78*	*57*
$20,000 - $24,999	1,604	52.75	0.79	31.74	9.75	4.97	464
	134	*2.34*	*0.49*	*2.29*	*1.30*	*1.17*	*38*
$25,000 - $29,999	1,069	52.40	0.00	27.11	12.53	7.97	530
	125	*2.94*	*0.00*	*2.46*	*1.85*	*2.71*	*59*
$30,000 or more	2,776	51.83	0.11	33.33	10.14	4.59	456
	187	*1.52*	*0.04*	*1.54*	*0.87*	*1.45*	*29*

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millians of $)	Saurce af Payment (as a percent of raw total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-af-Packet	Other Saurce	
All Beneficiaries	$17,324	60.32	3.28	21.84	10.09	4.47	$504
	628	*0.85*	*0.26*	*0.74*	*0.43*	*0.44*	*18*
Health Status							
Excellent	1,585	57.13	1.76	26.18	11.93	3.00	273
	113	*1.84*	*0.44*	*2.07*	*1.51*	*0.85*	*20*
Very Good	2,710	58.25	1.64	26.02	10.99	3.09	307
	179	*1.55*	*0.38*	*1.56*	*0.99*	*0.72*	*19*
Good	4,403	57.54	2.41	25.30	10.50	4.24	445
	265	*1.13*	*0.29*	*1.20*	*0.61*	*0.91*	*24*
Fair	4,389	60.24	3.96	20.24	10.33	5.23	683
	294	*1.71*	*0.45*	*1.19*	*0.88*	*0.83*	*42*
Poor	4,130	65.87	5.21	15.55	7.97	5.39	1,243
	416	*2.13*	*0.71*	*1.41*	*0.98*	*1.19*	*115*
Functianal Limitatian							
None	7,221	58.19	1.64	25.66	10.38	4.13	379
	356	*1.01*	*0.21*	*0.83*	*0.55*	*0.67*	*19*
IADL only[4]	4,802	61.22	3.91	20.07	10.69	4.10	612
	358	*1.77*	*0.46*	*1.25*	*1.18*	*0.63*	*45*
One to two ADLs[5]	3,341	62.68	4.48	19.48	8.81	4.54	691
	296	*1.75*	*0.59*	*1.62*	*0.69*	*0.90*	*57*
Three to five ADLs	1,948	61.88	5.75	16.13	9.79	6.45	758
	230	*3.30*	*0.98*	*1.77*	*1.19*	*2.12*	*80*

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of raw total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source	
All Beneficiaries	$17,324	60.32	3.28	21.84	10.09	4.47	$504
	628	*0.85*	*0.26*	*0.74*	*0.43*	*0.44*	*18*
Metropolitan Area Resident							
Yes	13,219	60.88	3.38	22.07	9.60	4.07	524
	585	*1.02*	*0.30*	*0.86*	*0.54*	*0.51*	*22*
No	4,102	58.51	2.95	21.12	11.66	5.77	453
	275	*1.48*	*0.48*	*1.36*	*0.51*	*0.94*	*28*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of raw total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$52,350	62.02	2.65	15.84	18.36	1.13	$1,524
	1,018	*0.41*	*0.16*	*0.36*	*0.34*	*0.12*	*29*
Medicare Status[3]							
Aged							
65 - 74 years	25,316	61.57	1.72	17.28	18.43	1.00	1,361
	727	*0.72*	*0.17*	*0.61*	*0.55*	*0.19*	*38*
75 - 84 years	17,182	64.33	1.92	15.22	17.96	0.57	1,750
	589	*0.62*	*0.23*	*0.50*	*0.61*	*0.09*	*55*
85 years and older	4,448	63.96	3.36	13.35	18.90	0.43	1,761
	165	*0.98*	*0.49*	*0.60*	*1.23*	*0.11*	*54*
Disabled							
Under 45 years	1,569	55.77	13.18	10.39	16.28	4.38	1,366
	118	*2.32*	*1.33*	*1.52*	*1.27*	*1.33*	*99*
45 - 64 years	3,835	54.92	6.98	14.20	19.97	3.94	1,708
	247	*1.51*	*0.92*	*1.17*	*1.02*	*0.61*	*107*
Gender							
Male	23,604	62.39	2.09	16.29	17.38	1.85	1,570
	772	*0.53*	*0.22*	*0.47*	*0.48*	*0.25*	*50*
Female	28,746	61.71	3.11	15.47	19.17	0.54	1,489
	626	*0.54*	*0.22*	*0.47*	*0.45*	*0.07*	*31*
Living Arrangement							
Lives alone	14,805	63.57	3.48	14.00	17.80	1.16	1,526
	467	*0.71*	*0.35*	*0.47*	*0.66*	*0.17*	*41*
With spouse	28,259	60.77	1.22	18.51	18.38	1.13	1,512
	823	*0.55*	*0.17*	*0.56*	*0.41*	*0.17*	*39*
With children	5,326	64.62	5.41	10.32	18.78	0.86	1,645
	356	*1.24*	*0.55*	*0.67*	*1.35*	*0.24*	*86*
With others	3,960	61.66	6.05	11.10	19.80	1.39	1,455
	310	*1.45*	*0.63*	*0.95*	*1.51*	*0.26*	*94*

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$52,350	62.02	2.65	15.84	18.36	1.13	$1,524
	1,018	*0.41*	*0.16*	*0.36*	*0.34*	*0.12*	*29*
Race/Ethnicity							
White non-Hispanic	43,837	60.97	1.59	17.35	19.05	1.05	1,525
	935	*0.45*	*0.13*	*0.40*	*0.39*	*0.14*	*30*
Black non-Hispanic	4,324	66.49	7.72	7.81	16.16	1.81	1,398
	276	*1.36*	*0.82*	*0.86*	*1.39*	*0.47*	*83*
Hispanic	2,939	69.00	8.39	8.55	12.56	1.50	1,587
	334	*1.96*	*0.76*	*1.25*	*1.31*	*0.41*	*152*
Other	1,147	66.84	9.50	7.38	15.49	0.79	2,001
	170	*3.44*	*1.88*	*1.58*	*4.34*	*0.34*	*251*
Income							
Less than $2,500	1,549	62.99	5.37	10.54	17.93	3.17	1,359
	165	*1.91*	*1.12*	*1.11*	*1.79*	*1.13*	*110*
$2,500 - $4,999	1,670	67.56	9.84	6.46	15.46	0.69	1,250
	143	*1.54*	*1.11*	*0.62*	*1.51*	*0.20*	*86*
$5,000 - $7,499	6,718	68.27	9.86	6.93	14.26	0.68	1,381
	295	*0.93*	*0.64*	*0.65*	*0.89*	*0.18*	*50*
$7,500 - $9,999	6,719	64.31	3.76	12.44	18.04	1.44	1,548
	350	*1.27*	*0.60*	*0.67*	*0.98*	*0.34*	*70*
$10,000 - $14,999	11,037	62.24	1.52	15.64	19.03	1.58	1,652
	520	*0.77*	*0.29*	*0.64*	*0.88*	*0.41*	*64*
$15,000 - $19,999	6,782	62.10	0.54	16.79	19.22	1.35	1,531
	421	*1.10*	*0.24*	*0.60*	*1.06*	*0.30*	*81*
$20,000 - $24,999	4,862	60.50	0.20	19.84	18.64	0.81	1,407
	254	*1.11*	*0.12*	*0.92*	*0.92*	*0.18*	*63*
$25,000 - $29,999	3,426	57.32	0.01	21.65	20.33	0.69	1,699
	271	*1.99*	*0.01*	*2.18*	*1.21*	*0.14*	*109*
$30,000 or more	9,587	57.04	0.12	22.41	19.83	0.61	1,577
	541	*1.08*	*0.05*	*1.07*	*0.75*	*0.14*	*77*

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$52,350	62.02	2.65	15.84	18.36	1.13	$1,524
	1,018	*0.41*	*0.16*	*0.36*	*0.34*	*0.12*	*29*
Health Status							
Excellent	5,505	58.48	1.05	16.96	22.55	0.97	948
	286	*1.04*	*0.15*	*0.91*	*0.96*	*0.25*	*36*
Very Good	9,626	59.73	1.26	17.49	20.64	0.89	1,092
	419	*1.04*	*0.20*	*0.85*	*0.87*	*0.20*	*39*
Good	14,740	61.50	2.37	16.91	18.07	1.15	1,491
	499	*0.74*	*0.28*	*0.79*	*0.58*	*0.19*	*49*
Fair	12,623	63.27	3.14	14.95	17.72	0.92	1,964
	602	*0.72*	*0.27*	*0.55*	*0.68*	*0.16*	*83*
Poor	9,641	65.45	4.77	13.04	15.08	1.67	2,901
	594	*0.99*	*0.58*	*0.74*	*0.92*	*0.46*	*153*
Functional Limitation							
None	21,156	61.07	1.27	17.42	19.26	0.98	1,110
	599	*0.62*	*0.12*	*0.55*	*0.43*	*0.15*	*26*
IADL only[4]	13,685	62.94	3.03	16.06	16.75	1.22	1,743
	582	*0.88*	*0.27*	*0.86*	*0.58*	*0.26*	*64*
One to two ADLs[5]	10,091	62.49	3.20	14.91	18.02	1.38	2,087
	563	*0.89*	*0.42*	*0.71*	*0.91*	*0.40*	*105*
Three to five ADLs	7,318	62.26	5.21	12.12	19.42	0.99	2,848
	524	*1.29*	*0.68*	*0.75*	*1.38*	*0.20*	*162*

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$52,350	62.02	2.65	15.84	18.36	1.13	$1,524
	1,018	*0.41*	*0.16*	*0.36*	*0.34*	*0.12*	*29*
Metropolitan Area Resident							
Yes	41,585	62.75	2.61	15.93	17.68	1.04	1,648
	930	*0.49*	*0.17*	*0.41*	*0.39*	*0.10*	*34*
No	10,752	59.25	2.83	15.48	20.96	1.48	1,187
	481	*0.67*	*0.42*	*0.78*	*0.81*	*0.42*	*51*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$4,867	0.11	2.15	11.89	82.95	2.89	$142
	152	*0.03*	*0.24*	*0.65*	*0.82*	*0.50*	*4*
Medicare Status[3]							
Aged							
65 - 74 years	2,957	0.05	1.08	13.64	82.25	2.98	159
	115	*0.02*	*0.22*	*0.99*	*1.19*	*0.66*	*6*
75 - 84 years	1,312	0.21	1.26	8.00	88.49	2.04	134
	81	*0.08*	*0.34*	*0.89*	*1.15*	*0.77*	*8*
85 years and older	187	0.52	3.19	8.16	87.40	0.74	74
	19	*0.37*	*1.80*	*1.83*	*2.70*	*0.43*	*7*
Disabled							
Under 45 years	111	0.02	24.02	12.49	55.82	7.65	96
	14	*0.02*	*4.66*	*4.04*	*4.54*	*2.47*	*12*
45 - 64 years	301	0.02	7.86	13.85	72.94	5.33	134
	50	*0.01*	*2.20*	*2.15*	*3.15*	*2.06*	*22*
Gender							
Male	2,281	0.06	2.04	13.54	79.53	4.83	152
	105	*0.02*	*0.33*	*1.10*	*1.36*	*0.94*	*7*
Female	2,586	0.15	2.25	10.44	85.97	1.18	134
	108	*0.05*	*0.34*	*0.93*	*1.01*	*0.34*	*5*
Living Arrangement							
Lives alone	1,290	0.10	3.59	8.82	83.71	3.78	133
	83	*0.07*	*0.67*	*1.20*	*1.59*	*1.04*	*9*
With spouse	3,052	0.11	0.63	13.62	82.81	2.82	163
	119	*0.03*	*0.19*	*0.96*	*1.02*	*0.55*	*6*
With children	248	0.03	7.74	9.87	81.25	1.11	77
	29	*0.02*	*1.85*	*2.40*	*2.51*	*0.77*	*9*
With others	278	0.24	7.15	8.97	82.52	1.12	102
	56	*0.19*	*2.07*	*3.03*	*4.23*	*0.77*	*20*

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of raw total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$4,867	0.11	2.15	11.89	82.95	2.89	$142
	152	*0.03*	*0.24*	*0.65*	*0.82*	*0.50*	*4*
Race/Ethnicity							
White non-Hispanic	4,408	0.12	1.21	12.14	83.78	2.76	153
	160	*0.03*	*0.21*	*0.66*	*0.83*	*0.54*	*5*
Black non-Hispanic	215	0.04	11.54	11.55	72.56	4.30	70
	39	*0.02*	*3.38*	*2.86*	*4.07*	*1.39*	*12*
Hispanic	179	0.04	8.23	9.36	79.10	3.27	97
	26	*0.02*	*2.59*	*2.95*	*3.84*	*1.29*	*17*
Other	59	0.01	20.22	3.41	69.72	6.64	102
	10	*0.01*	*5.59*	*1.66*	*7.01*	*4.81*	*16*
Income							
Less than $2,500	144	0.01	2.56	5.86	87.81	3.77	127
	39	*0.00*	*1.45*	*3.55*	*4.22*	*1.81*	*34*
$2,500 - $4,999	95	0.05	7.99	3.65	87.94	0.37	71
	21	*0.03*	*3.32*	*1.37*	*3.65*	*0.33*	*16*
$5,000 - $7,499	323	0.01	13.15	6.05	73.59	7.19	66
	55	*0.01*	*3.08*	*1.88*	*5.50*	*3.29*	*11*
$7,500 - $9,999	402	0.06	9.66	7.23	78.83	4.22	93
	43	*0.03*	*2.12*	*2.45*	*3.36*	*1.77*	*9*
$10,000 - $14,999	648	0.31	0.66	8.82	89.28	0.92	97
	47	*0.15*	*0.25*	*1.70*	*1.75*	*0.25*	*7*
$15,000 - $19,999	703	0.15	1.02	12.50	83.81	2.52	159
	72	*0.12*	*0.51*	*1.96*	*2.36*	*1.06*	*15*
$20,000 - $24,999	577	0.06	0.06	12.16	84.37	3.35	167
	41	*0.03*	*0.04*	*1.77*	*2.28*	*1.35*	*12*
$25,000 - $29,999	371	0.09	0.02	16.51	80.69	2.69	184
	51	*0.08*	*0.02*	*3.24*	*3.31*	*1.67*	*24*
$30,000 or more	1,605	0.08	0.02	15.08	82.23	2.60	264
	81	*0.03*	*0.01*	*1.50*	*1.48*	*0.79*	*11*

Table 4.5 Dental Services Expenditures far Naninstitutianalized Medicare Beneficiaries, by Source of Payment, and by Demagraphic, Saciaecanamic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Tatal Expenditures (millians af $)	Source af Payment (as a percent of raw tatal)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-af-Packet	Other Saurce	
All Beneficiaries	$4,867	0.11	2.15	11.89	82.95	2.89	$142
	152	*0.03*	*0.24*	*0.65*	*0.82*	*0.50*	*4*
Health Status							
Excellent	1,044	0.06	0.88	12.03	85.26	1.77	180
	76	*0.03*	*0.36*	*1.57*	*1.68*	*0.58*	*11*
Very Good	1,390	0.07	1.20	14.24	82.76	1.73	158
	91	*0.03*	*0.35*	*1.52*	*1.75*	*0.66*	*10*
Good	1,332	0.19	2.69	11.31	82.87	2.94	135
	80	*0.09*	*0.48*	*1.01*	*1.37*	*0.99*	*7*
Foir	742	0.12	3.50	9.67	83.76	2.95	115
	58	*0.08*	*1.01*	*1.70*	*2.08*	*0.89*	*9*
Poor	322	0.10	4.88	6.75	78.90	9.36	97
	50	*0.06*	*1.26*	*2.48*	*3.00*	*3.33*	*15*
Functianal Limitatian							
None	3,056	0.09	0.86	12.61	84.53	1.92	160
	129	*0.03*	*0.20*	*0.89*	*1.00*	*0.45*	*6*
IADL only[4]	1,042	0.08	4.12	11.70	80.21	3.89	133
	77	*0.04*	*0.82*	*1.39*	*1.84*	*1.18*	*10*
One to two ADLs[5]	476	0.33	5.01	10.40	81.84	2.42	98
	43	*0.19*	*1.32*	*1.76*	*2.44*	*1.25*	*8*
Three to five ADLs	272	0.10	4.29	4.72	82.20	8.69	106
	62	*0.07*	*1.63*	*1.61*	*4.29*	*3.37*	*23*

Table 4.5 Dental Services Expenditures for Noninstitutionolized Medicore Beneficiories, by Source of Poyment, ond by Demogrophic, Socioeconomic, and Health Chorocteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiory Chorocteristic[2]	Totol Expenditures (millions of $)	Source of Poyment (os o percent of row totol)					Expenditures Per Beneficiory
		Medicore	Medicoid	Privote Insuronce	Out-of-Pocket	Other Source	
All Beneficiories	$4,867	0.11	2.15	11.89	82.95	2.89	$142
	152	*0.03*	*0.24*	*0.65*	*0.82*	*0.50*	*4*
Metropolitan Area Resident							
Yes	3,943	0.11	2.30	12.71	81.97	2.91	156
	131	*0.03*	*0.27*	*0.76*	*0.97*	*0.56*	*5*
No	914	0.11	1.51	8.04	87.50	2.84	101
	66	*0.06*	*0.44*	*0.83*	*1.04*	*0.89*	*7*

Source: Medicare Current Beneficiory Survey

Note: Standord errors ore in blue ond italics. See Appendix A for additionol informotion on standord errors. See Appendix B for definitions of terms ond voriobles.

1 The term *community-only residents* includes beneficiories who resided only in the community during the yeor. It excludes beneficiories who resided port of the yeor in the community ond port of the yeor in o long-term core focility, ond beneficiories who resided only in o long-term core focility during the yeor.

2 Due to missing volues for some voriobles, expenditures for individuol cotegories moy not sum to totol expenditures for oll beneficiories.

3 Medicore beneficiories with end-stoge renol diseose (ESRD) ore included within the subgroups of "Aged" ond "Disobled."

4 IADL stonds for Instrumentol Activity of Doily Living.

5 ADL stonds for Activity of Doily Living.

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$16,070	0.32	10.16	25.53	57.44	6.55	$468
	228	*0.06*	*0.39*	*0.70*	*0.71*	*0.45*	*6*
Medicare Status[3]							
Aged							
65 - 74 years	7,981	0.28	6.89	29.96	57.06	5.81	429
	170	*0.10*	*0.41*	*0.90*	*0.92*	*0.58*	*9*
75 - 84 years	4,704	0.39	8.57	22.01	63.10	5.93	479
	119	*0.14*	*0.69*	*1.04*	*1.18*	*0.54*	*10*
85 years and older	1,093	0.14	12.20	17.00	65.06	5.61	433
	52	*0.07*	*1.24*	*1.32*	*1.57*	*0.67*	*17*
Disabled							
Under 45 years	648	0.66	33.47	19.41	37.59	8.87	564
	47	*0.45*	*3.38*	*3.35*	*2.23*	*1.66*	*39*
45 - 64 years	1,644	0.33	20.04	22.18	45.83	11.61	732
	83	*0.12*	*2.03*	*1.92*	*2.27*	*2.00*	*34*
Gender							
Male	6,521	0.46	7.09	27.73	56.07	8.66	434
	138	*0.13*	*0.51*	*1.09*	*1.08*	*0.89*	*9*
Female	9,548	0.23	12.26	24.03	58.37	5.11	494
	174	*0.08*	*0.61*	*0.78*	*0.86*	*0.42*	*9*
Living Arrangement							
Lives alone	4,512	0.37	15.17	20.43	57.14	6.89	465
	129	*0.14*	*1.02*	*1.30*	*1.32*	*0.63*	*12*
With spouse	8,756	0.32	3.49	31.37	58.66	6.16	469
	180	*0.09*	*0.40*	*0.95*	*0.92*	*0.66*	*9*
With children	1,553	0.21	22.99	13.90	55.19	7.71	480
	91	*0.11*	*1.75*	*1.49*	*2.19*	*1.08*	*21*
With others	1,248	0.31	22.89	17.46	52.74	6.61	459
	64	*0.22*	*1.82*	*1.74*	*2.09*	*1.13*	*21*

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$16,070	0.32	10.16	25.53	57.44	6.55	$468
	228	*0.06*	*0.39*	*0.70*	*0.71*	*0.45*	*6*
Race/Ethnicity							
White non-Hispanic	13,824	0.32	6.83	27.35	59.07	6.42	481
	214	*0.07*	*0.42*	*0.75*	*0.80*	*0.50*	*7*
Black non-Hispanic	1,291	0.22	30.44	14.86	45.95	8.53	417
	68	*0.12*	*2.32*	*1.99*	*1.67*	*1.57*	*19*
Hispanic	720	0.69	29.69	13.31	51.06	5.24	389
	65	*0.31*	*2.68*	*4.02*	*3.36*	*1.16*	*24*
Other	193	0.04	37.76	12.29	41.41	8.50	336
	23	*0.01*	*5.09*	*3.31*	*3.71*	*2.72*	*31*
Income							
Less than $2,500	467	0.08	11.56	21.88	60.28	6.20	410
	53	*0.06*	*2.38*	*4.28*	*3.64*	*2.18*	*37*
$2,500 - $4,999	526	0.43	37.86	8.08	49.52	4.11	394
	46	*0.30*	*4.22*	*2.74*	*3.53*	*1.29*	*24*
$5,000 - $7,499	2,205	0.55	39.60	6.58	47.38	5.91	453
	86	*0.20*	*1.52*	*0.90*	*1.35*	*0.85*	*13*
$7,500 - $9,999	1,944	0.27	15.86	14.38	60.43	9.05	448
	89	*0.14*	*1.76*	*1.21*	*1.89*	*1.07*	*18*
$10,000 - $14,999	3,303	0.17	4.91	23.90	63.64	7.38	494
	135	*0.11*	*0.74*	*1.48*	*1.44*	*1.09*	*15*
$15,000 - $19,999	2,076	0.54	0.65	32.10	60.92	5.79	469
	100	*0.30*	*0.18*	*1.88*	*1.88*	*0.79*	*18*
$20,000 - $24,999	1,727	0.09	0.78	39.21	53.79	6.13	500
	93	*0.05*	*0.33*	*2.32*	*2.34*	*1.44*	*21*
$25,000 - $29,999	971	0.52	0.03	30.91	61.68	6.86	481
	73	*0.35*	*0.03*	*2.58*	*2.30*	*1.46*	*26*
$30,000 or more	2,852	0.30	0.30	38.59	55.22	5.59	469
	95	*0.14*	*0.10*	*1.41*	*1.51*	*0.81*	*15*

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of raw total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source	
All Beneficiaries	$16,070	0.32	10.16	25.53	57.44	6.55	$468
	228	*0.06*	*0.39*	*0.70*	*0.71*	*0.45*	*6*
Health Status							
Excellent	1,491	0.11	5.10	27.84	60.76	6.19	257
	79	*0.03*	*0.90*	*1.86*	*2.00*	*1.23*	*11*
Very Good	3,022	0.89	4.86	29.90	59.67	4.69	343
	104	*0.30*	*0.63*	*1.24*	*1.30*	*0.60*	*10*
Good	4,617	0.17	8.87	27.84	57.71	5.41	467
	121	*0.07*	*0.69*	*1.11*	*1.14*	*0.61*	*11*
Fair	4,221	0.23	12.46	22.62	57.05	7.63	657
	143	*0.09*	*0.86*	*1.33*	*1.32*	*0.92*	*18*
Poor	2,672	0.20	17.63	19.72	53.28	9.17	804
	127	*0.07*	*1.37*	*1.51*	*1.83*	*1.29*	*28*
Functional Limitation							
None	6,585	0.41	4.61	28.85	60.14	5.99	346
	147	*0.12*	*0.40*	*0.96*	*0.99*	*0.57*	*7*
IADL only[4]	4,524	0.39	12.56	24.70	55.82	6.53	576
	149	*0.15*	*0.93*	*1.34*	*1.34*	*0.77*	*15*
One to two ADLs[5]	3,011	0.19	13.53	23.97	56.00	6.32	623
	121	*0.06*	*1.00*	*1.39*	*1.43*	*0.77*	*17*
Three to five ADLs	1,927	0.08	18.13	18.50	54.36	8.94	750
	102	*0.05*	*1.51*	*1.74*	*2.10*	*1.48*	*28*

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$16,070	0.32	10.16	25.53	57.44	6.55	$468
	228	*0.06*	*0.39*	*0.70*	*0.71*	*0.45*	*6*
Metropolitan Area Resident							
Yes	11,685	0.38	9.65	27.02	55.47	7.48	463
	206	*0.07*	*0.51*	*0.84*	*0.87*	*0.58*	*7*
No	4,380	0.17	11.52	21.55	62.68	4.07	484
	156	*0.12*	*0.58*	*1.30*	*1.32*	*0.55*	*14*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 4.7 Long-Term Core Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 3)

Long-Term Core Facility Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)[3]	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$56,280	3.70	51.64	1.43	37.53	5.70	23,054
	2,903	*0.43*	*2.05*	*0.28*	*1.84*	*0.92*	*901*
Medicare Status[4]							
Aged							
65 - 74 years	6,998	2.83	62.10	0.75	30.88	3.44	20,337
	1,109	*0.88*	*5.34*	*0.44*	*4.79*	*1.42*	*2,207*
75 - 84 years	16,094	4.79	44.70	2.52	44.98	3.01	20,623
	1,135	*0.83*	*3.00*	*0.74*	*2.69*	*0.94*	*793*
85 years and older	22,859	3.99	48.19	1.51	45.19	1.13	22,188
	996	*0.58*	*1.96*	*0.36*	*1.80*	*0.32*	*623*
Disabled							
Under 45 years	5,653	1.78	64.50	0.00	10.79	22.93	40,832
	1,065	*1.13*	*4.64*	*0.00*	*1.81*	*4.72*	*5,816*
45 - 64 years	4,676	2.19	61.26	0.00	16.73	19.83	31,585
	792	*1.55*	*6.51*	*0.00*	*2.69*	*5.63*	*3,740*
Gender							
Male	18,093	2.89	52.97	0.88	32.10	11.17	23,931
	1,986	*0.81*	*4.34*	*0.26*	*3.47*	*2.26*	*1,728*
Female	38,187	4.09	51.02	1.69	40.10	3.10	22,660
	1,650	*0.45*	*1.69*	*0.38*	*1.65*	*0.55*	*752*
Race/Ethnicity							
White non-Hispanic	49,415	3.59	50.24	1.60	39.92	4.65	23,177
	2,639	*0.45*	*2.31*	*0.32*	*2.02*	*0.78*	*931*
Black non-Hispanic	3,892	4.03	68.03	0.19	14.90	12.84	21,272
	629	*1.23*	*4.37*	*0.16*	*2.10*	*5.12*	*2,192*
Hispanic	1,353	1.58	64.88	0.00	15.15	18.38	25,026
	382	*1.00*	*6.63*	*0.00*	*5.02*	*8.69*	*5,908*
Other	583	15.49	44.62	0.79	11.46	27.64	16,174
	231	*9.40*	*17.59*	*0.84*	*7.15*	*14.28*	*4,014*

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 3)

Long-Term Care Facility Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millions of $)[3]	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	$56,280	3.70	51.64	1.43	37.53	5.70	23,054
	2,903	*0.43*	*2.05*	*0.28*	*1.84*	*0.92*	*901*
Income							
Less than $2,500	3,312	2.14	60.41	0.36	26.44	10.64	26,959
	534	*0.91*	*5.25*	*0.36*	*5.08*	*5.84*	*2,864*
$2,500 - $4,999	6,660	2.00	70.67	0.07	19.58	7.68	23,474
	631	*0.54*	*3.84*	*0.07*	*2.92*	*3.03*	*1,517*
$5,000 - $7,499	19,438	3.57	66.56	0.81	24.98	4.09	23,741
	1,361	*0.60*	*2.05*	*0.28*	*1.55*	*0.89*	*1,171*
$7,500 - $9,999	9,580	3.12	51.33	0.96	38.28	6.31	23,265
	1,099	*0.81*	*5.04*	*0.38*	*4.79*	*1.95*	*2,057*
$10,000 - $14,999	7,292	6.32	38.12	2.81	48.21	4.54	21,330
	691	*1.39*	*3.90*	*0.78*	*4.11*	*1.60*	*1,077*
$15,000 - $19,999	3,211	7.82	14.63	4.55	70.39	2.61	19,817
	411	*2.62*	*4.72*	*2.70*	*6.70*	*1.23*	*1,531*
$20,000 - $24,999	2,800	2.98	20.73	4.12	69.41	2.76	23,296
	450	*1.39*	*5.63*	*2.54*	*6.68*	*1.51*	*2,537*
$25,000 - $29,999	655	0.42	12.82	0.00	85.90	0.86	19,216
	197	*0.32*	*9.28*	*0.00*	*10.00*	*0.80*	*3,783*
$30,000 or more	3,331	2.66	17.66	2.10	64.16	13.42	22,826
	674	*0.97*	*4.08*	*1.03*	*6.25*	*4.65*	*2,761*
Health Status							
Excellent	2,271	3.75	51.75	2.68	29.05	12.76	26,002
	488	*1.64*	*8.83*	*1.70*	*6.08*	*6.26*	*3,928*
Very Good	6,819	3.55	54.38	1.71	32.80	7.55	25,580
	948	*1.39*	*4.66*	*1.13*	*3.66*	*2.23*	*2,328*
Good	20,854	3.39	52.03	0.79	37.35	6.44	26,136
	1,566	*0.58*	*3.04*	*0.26*	*2.81*	*1.81*	*1,175*
Fair	18,594	4.34	46.89	2.17	43.35	3.25	20,397
	1,169	*0.71*	*2.50*	*0.50*	*2.26*	*0.85*	*715*
Poor	7,499	3.23	60.00	0.76	31.19	4.82	20,402
	928	*0.82*	*4.87*	*0.35*	*3.92*	*2.17*	*1,925*

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 3)

Long-Term Care Facility Residents[1]

Beneficiary Characteristic[2]	Total Expenditures (millians af $)[3]	Saurce af Payment (as a percent af raw tatal)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-af-Packet	Other Saurce	
All Beneficiaries	$56,280	3.70	51.64	1.43	37.53	5.70	23,054
	2,903	*0.43*	*2.05*	*0.28*	*1.84*	*0.92*	*901*
Functianal Limitatian							
None	220	18.06	25.23	17.06	38.70	0.95	6,614
	100	*6.43*	*18.62*	*7.53*	*13.97*	*1.23*	*2,379*
IADL anly[5]	3,946	3.86	53.34	0.00	30.97	11.84	18,187
	771	*1.52*	*7.47*	*0.00*	*5.60*	*4.41*	*2,711*
One to twa ADLs[6]	10,016	3.83	49.14	1.43	38.16	7.44	20,214
	917	*0.73*	*3.71*	*0.57*	*3.17*	*2.03*	*994*
Three ta five ADLs	40,603	3.68	52.79	1.53	38.02	3.97	25,102
	2,394	*0.47*	*2.34*	*0.33*	*2.21*	*0.90*	*1,082*
Metrapalitan Area Resident							
Yes	43,579	3.78	52.49	1.16	36.49	6.08	24,821
	2,663	*0.49*	*2.38*	*0.24*	*2.27*	*1.15*	*1,164*
Na	12,701	3.44	48.73	2.34	41.11	4.39	18,529
	1,067	*0.87*	*3.80*	*0.90*	*2.28*	*1.09*	*870*

Source: Medicare Current Beneficiary Survey

Nate: Standard errars are in blue and italics. See Appendix A far additianal infarmatian an standard errars. See Appendix B far definitians af terms and variables.

1 The term *lang-term care facility residents* includes beneficiaries wha resided anly in a lang-term care facility during the year, and beneficiaries wha resided part af the year in a lang-term care facility and part af the year in the cammunity. It excludes beneficiaries wha resided anly in the cammunity during the year.

2 Due ta missing values far same variables, expenditures far individual categaries may nat sum ta tatal expenditures far all beneficiaries.

3 Expenditures far lang-term care in facilities include facility raam and baard expenses far beneficiaries wha resided in a facility far the full year, and facility raam and baard expenses far beneficiaries wha resided in a facility far part af the year and in the cammunity far part af the year. However, in cantrast with table 4.1, facility expenditures in table 4.7 da *nat* include expenditures far shart-term facility stays (institutianal events), primarily in skilled nursing facilities, far full-year cammunity residents, which were reparted during a cammunity interview ar created thraugh Medicare claims data. See Appendix B far additianal infarmatian.

4 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgraups af "Aged" and "Disabled."

5 IADL stands far Instrumental Activity af Daily Living.

6 ADL stands far Activity af Daily Living.

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	$5,054	$3,615	$7,259	$4,679	$4,850	$5,758
	99	*242*	*394*	*200*	*188*	*544*
Medicare Status[3]						
Aged						
65 - 74 years	4,361	3,142	6,505	4,080	4,199	5,255
	129	*381*	*687*	*269*	*229*	*691*
75 - 84 years	5,638	3,686	7,034	5,322	5,663	6,605
	196	*412*	*569*	*302*	*393*	*1,040*
85 years and older	6,142	5,795	7,766	5,433	5,962	6,223
	235	*859*	*800*	*317*	*580*	*1,030*
Disabled						
Under 45 years	5,870	3,107	6,949	3,871	8,077	12,488
	552	*465*	*782*	*858*	*2,314*	*3,272*
45 - 64 years	6,604	4,148	9,480	6,357	6,562	5,660
	400	*476*	*1,188*	*1,341*	*689*	*2,013*
Gender						
Male	5,350	3,672	7,576	5,397	5,183	5,846
	168	*289*	*678*	*366*	*328*	*926*
Female	4,824	3,541	7,082	4,229	4,555	5,693
	129	*394*	*399*	*196*	*218*	*678*
Living Arrangement						
Lives alone	5,012	3,746	7,039	4,629	4,645	4,871
	177	*343*	*604*	*306*	*292*	*648*
With spouse	4,806	3,568	8,052	4,462	4,812	5,143
	133	*368*	*716*	*241*	*212*	*663*
With children	6,172	3,878	8,056	5,955	4,817	16,689
	437	*784*	*1,008*	*752*	*735*	*6,206*
With others	5,576	3,269	6,006	5,281	6,582	9,833
	349	*471*	*562*	*878*	*926*	*4,039*

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	$5,054	$3,615	$7,259	$4,679	$4,850	$5,758
	99	*242*	*394*	*200*	*188*	*544*
Race/Ethnicity						
White non-Hispanic	4,988	3,706	7,622	4,697	4,873	5,407
	100	*241*	*484*	*204*	*210*	*494*
Black non-Hispanic	5,530	3,919	7,634	3,601	5,092	7,303
	379	*632*	*823*	*590*	*618*	*4,725*
Hispanic	4,938	2,319	5,727	5,223	4,474	3,644
	592	*408*	*904*	*1,471*	*831*	*2,537*
Other	6,356	2,879	7,533	5,652	1,671	39,515
	999	*1,308*	*1,417*	*2,492*	*347*	*21,298*
Income						
Less than $2,500	4,732	3,307	7,019	4,849	3,975	2,247
	542	*1,198*	*1,291*	*1,349*	*548*	*629*
$2,500 - $4,999	4,546	2,762	5,861	2,741	6,503	2,148
	437	*587*	*951*	*458*	*1,863*	*353*
$5,000 - $7,499	5,281	2,847	6,683	4,452	4,920	4,355
	256	*485*	*441*	*666*	*890*	*1,561*
$7,500 - $9,999	5,222	3,614	7,692	5,209	4,519	6,645
	267	*441*	*904*	*465*	*429*	*1,755*
$10,000 - $14,999	5,601	3,737	10,817	5,103	5,604	7,818
	258	*521*	*1,339*	*434*	*391*	*1,539*
$15,000 - $19,999	4,919	4,544	7,972	4,914	4,372	6,787
	315	*695*	*2,298*	*553*	*395*	*1,650*
$20,000 - $24,999	4,520	3,784	26,656	4,375	4,185	3,825
	259	*1,018*	*12,368*	*430*	*436*	*730*
$25,000 - $29,999	5,375	3,930	6,989	4,907	5,675	6,795
	431	*708*	*4,450*	*714*	*701*	*2,239*
$30,000 or more	4,621	4,899	4,603	4,019	4,785	5,241
	221	*992*	*1,653*	*310*	*381*	*825*

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	$5,054	$3,615	$7,259	$4,679	$4,850	$5,758
	99	*242*	*394*	*200*	*188*	*544*
Health Status						
Excellent	2,777	1,520	3,632	2,511	2,650	3,893
	139	*234*	*718*	*206*	*210*	*991*
Very Good	3,109	2,709	3,793	2,976	2,902	3,303
	117	*363*	*451*	*190*	*210*	*620*
Good	4,680	2,980	5,637	4,248	5,167	5,154
	189	*341*	*500*	*305*	*333*	*746*
Fair	6,780	4,076	7,268	6,882	7,324	8,601
	299	*520*	*740*	*468*	*807*	*1,419*
Poor	11,905	6,633	13,578	12,761	12,971	17,991
	679	*737*	*1,182*	*1,589*	*1,187*	*4,307*
Functional Limitation						
None	3,226	2,370	4,174	2,938	3,225	3,597
	86	*208*	*365*	*145*	*146*	*415*
IADL only[4]	5,676	3,685	5,787	5,920	6,179	6,197
	234	*488*	*554*	*409*	*557*	*969*
One to two ADLs[5]	7,533	4,958	9,368	7,354	7,512	8,058
	349	*725*	*1,083*	*574*	*646*	*1,606*
Three to five ADLs	12,015	7,208	13,122	10,739	13,400	23,137
	672	*886*	*1,167*	*1,467*	*1,286*	*5,738*

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	$5,054	$3,615	$7,259	$4,679	$4,850	$5,758
		242	*394*	*200*	*188*	*544*
Metropolitan Area Resident						
Yes	5,387	3,822	8,243	4,979	5,052	6,056
	125	*303*	*501*	*227*	*229*	*663*
No	4,154	3,232	4,974	4,059	4,163	4,735
	125	*392*	*533*	*369*	*226*	*691*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *Personal health care expenditures* in Appendix B, for additional information.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Inpatient Hospital Stay in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$11,062	$9,832	$12,978	$10,381	$11,323	$14,695
	281	*752*	*809*	*544*	*644*	*1,687*
Medicare Status[3]						
Aged						
65 - 74 years	11,564	9,815	13,311	11,509	11,763	15,701
	491	*1,193*	*1,894*	*1,133*	*945*	*2,713*
75 - 84 years	10,341	8,588	11,158	10,131	10,644	14,758
	442	*1,194*	*999*	*609*	*843*	*3,074*
85 years and older	8,834	10,683	10,764	7,643	8,817	10,340
	419	*1,969*	*1,383*	*507*	*804*	*2,208*
Disabled						
Under 45 years	14,678	8,612	15,520	9,634	23,992	10,584
	1,674	*1,863*	*1,961*	*4,402*	*8,873*	*2,990*
45 - 64 years	13,054	11,988	14,683	10,215	12,748	13,877
	1,007	*1,540*	*1,892*	*2,917*	*2,216*	*5,933*
Gender						
Male	11,831	9,945	14,355	11,563	12,224	14,859
	457	*864*	*1,637*	*895*	*1,040*	*2,218*
Female	10,387	9,675	12,169	9,453	10,408	14,566
	381	*1,218*	*770*	*605*	*772*	*2,421*
Living Arrangement						
Lives alone	9,987	10,806	12,170	9,346	9,384	9,779
	470	*1,260*	*938*	*999*	*847*	*1,675*
With spouse	11,248	9,855	14,309	10,648	11,932	12,882
	435	*981*	*1,723*	*789*	*759*	*1,675*
With children	12,228	8,783	13,259	12,796	10,960	33,774
	1,145	*1,914*	*2,262*	*2,075*	*2,095*	*9,656*
With others	12,142	8,810	12,770	10,134	13,020	28,282
	1,009	*1,325*	*1,293*	*1,774*	*1,827*	*13,560*

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents with at Least One Inpatient Hospital Stay in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$11,062	$9,832	$12,978	$10,381	$11,323	$14,695
	281	*752*	*809*	*544*	*644*	*1,687*
Race/Ethnicity						
White non-Hispanic	10,793	9,171	12,322	10,467	11,498	12,860
	293	*735*	*892*	*580*	*719*	*1,336*
Black non-Hispanic	12,957	12,826	15,640	7,200	9,747	30,952
	1,220	*2,232*	*2,326*	*1,586*	*1,345*	*18,736*
Hispanic	10,919	7,835	11,924	11,137	9,680	14,845
	1,355	*2,195*	*1,537*	*3,016*	*1,769*	*0*
Other	15,416	8,797	12,139	10,358	3,967	59,582
	4,005	*1,665*	*2,982*	*538*	*758*	*27,108*
Income						
Less than $2,500	11,999	17,633	13,370	12,259	8,921	2,319
	2,074	*6,988*	*3,367*	*4,668*	*1,398*	*699*
$2,500 - $4,999	10,417	9,212	13,584	6,841	6,946	0
	1,154	*1,933*	*1,962*	*1,977*	*2,166*	*0*
$5,000 - $7,499	11,756	9,013	12,041	12,137	16,533	13,587
	959	*1,930*	*1,228*	*3,079*	*3,987*	*2,261*
$7,500 - $9,999	9,939	8,762	11,700	9,849	9,863	11,299
	561	*957*	*1,652*	*950*	*1,122*	*2,980*
$10,000 - $14,999	11,387	10,281	16,325	11,275	10,468	17,251
	590	*1,543*	*1,592*	*1,214*	*879*	*3,334*
$15,000 - $19,999	11,277	11,628	15,704	10,061	11,221	18,326
	843	*2,310*	*6,410*	*1,185*	*1,452*	*4,972*
$20,000 - $24,999	10,622	7,487	35,965	9,694	10,751	9,475
	844	*1,920*	*11,454*	*1,119*	*1,371*	*2,274*
$25,000 - $29,999	12,235	6,834	6,691	11,162	13,227	22,360
	1,589	*943*	*0*	*2,934*	*2,243*	*8,978*
$30,000 or more	10,540	11,748	9,056	8,691	12,093	12,863
	889	*2,414*	*5,391*	*976*	*1,559*	*4,220*

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Inpatient Hospital Stay in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$11,062	$9,832	$12,978	$10,381	$11,323	$14,695
	281	*752*	*809*	*544*	*644*	*1,687*
Health Status						
Excellent	9,501	7,559	9,470	9,064	9,228	24,110
	808	*1,211*	*1,907*	*998*	*1,064*	*8,700*
Very Good	8,381	10,885	8,978	8,120	8,965	8,956
	518	*1,855*	*1,117*	*781*	*1,115*	*2,051*
Good	9,981	8,568	10,939	8,936	11,125	10,707
	551	*1,019*	*1,028*	*983*	*955*	*2,352*
Fair	11,495	10,112	13,692	10,840	11,883	12,317
	686	*1,565*	*2,002*	*782*	*2,089*	*2,048*
Poor	14,802	10,705	15,384	15,492	15,205	28,117
	929	*1,468*	*1,383*	*2,349*	*1,517*	*7,084*
Functional Limitation						
None	9,055	9,619	10,447	7,858	9,878	13,053
	381	*1,030*	*1,132*	*456*	*706*	*2,910*
IADL only[4]	10,289	8,913	11,047	10,989	10,653	9,796
	523	*1,400*	*890*	*791*	*1,472*	*1,936*
One to two ADLs[5]	12,353	10,143	14,525	11,591	12,400	15,867
	768	*1,767*	*2,319*	*1,287*	*1,118*	*3,623*
Three to five ADLs	15,388	11,333	15,706	14,946	16,441	25,750
	969	*1,289*	*1,693*	*2,778*	*1,894*	*6,642*

Table 4.9 Inpatient Hospitol Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insuronce Coveroge, ond by Demographic, Socioeconomic, and Heolth Chorocteristics, 1992 (4 of 4)

Community-Only Residents with at Least One Inpatient Hospital Stay in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$11,062	$9,832	$12,978	$10,381	$11,323	$14,695
	281	*752*	*809*	*544*	*644*	*1,687*
Metropolitan Area Resident						
Yes	11,753	10,330	14,593	10,760	11,954	16,407
	364	*872*	*1,056*	*647*	*780*	*2,109*
No	9,186	8,778	8,721	9,573	9,257	9,745
	334	*1,333*	*901*	*1,102*	*766*	*1,754*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *Personal health care expenditures* in Appendix B, for additional information.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Outpatient Hospital Visit in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$854	$770	$1,176	$779	$855	$811
	27	*65*	*106*	*48*	*47*	*74*
Medicare Status[3]						
Aged						
65 - 74 years	807	814	1,181	763	786	813
	43	*127*	*203*	*75*	*60*	*104*
75 - 84 years	767	597	760	743	849	765
	36	*62*	*116*	*67*	*65*	*124*
85 years and older	637	414	580	633	685	1,002
	41	*70*	*81*	*60*	*93*	*380*
Disabled						
Under 45 years	1,573	1,187	1,506	1,197	2,806	1,548
	198	*249*	*229*	*507*	*980*	*502*
45 - 64 years	1,435	819	1,922	1,939	1,311	723
	148	*127*	*340*	*726*	*250*	*243*
Gender						
Male	939	872	1,153	965	943	836
	44	*88*	*116*	*107*	*74*	*113*
Female	789	616	1,188	659	779	795
	34	*84*	*145*	*51*	*52*	*92*
Living Arrangement						
Lives alone	902	712	1,230	807	939	743
	63	*92*	*199*	*89*	*130*	*144*
With spouse	840	823	1,351	802	841	780
	32	*109*	*206*	*73*	*45*	*87*
With children	798	760	1,166	506	668	1,096
	78	*163*	*202*	*54*	*148*	*272*
With others	846	704	883	786	904	1,333
	67	*138*	*101*	*184*	*178*	*376*

Table 4.10 **Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$854	$770	$1,176	$779	$855	$811
	27	*65*	*106*	*48*	*47*	*74*
Race/Ethnicity						
White non-Hisponic	810	764	1067	771	834	797
	28	*79*	*142*	*49*	*45*	*78*
Block non-Hisponic	1,078	655	1,406	658	1,329	381
	118	*100*	*203*	*173*	*395*	*135*
Hisponic	931	753	1,085	591	616	608
	201	*178*	*252*	*157*	*239*	*156*
Other	1,591	1,893	1,517	2,348	351	2,925
	378	*1,017*	*433*	*1,965*	*180*	*882*
Income						
Less thon $2,500	715	680	1,061	631	608	534
	92	*157*	*357*	*119*	*116*	*223*
$2,500 - $4,999	937	411	912	450	2,743	387
	242	*106*	*211*	*82*	*1,947*	*199*
$5,000 - $7,499	899	528	1,171	645	584	544
	85	*104*	*159*	*66*	*99*	*215*
$7,500 - $9,999	944	855	1,229	1,007	717	845
	80	*155*	*234*	*168*	*72*	*217*
$10,000 - $14,999	860	960	1,175	716	997	752
	50	*178*	*224*	*104*	*115*	*151*
$15,000 - $19,999	868	657	1,433	1,066	689	852
	100	*124*	*519*	*222*	*64*	*248*
$20,000 - $24,999	803	460	5,667	792	802	633
	64	*83*	*2,961*	*104*	*95*	*139*
$25,000 - $29,999	847	1,214	2,455	662	984	748
	98	*411*	*1,783*	*93*	*195*	*240*
$30,000 or more	773	944	788	644	848	995
	48	*239*	*267*	*66*	*79*	*162*

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Outpatient Hospital Visit in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$854	$770	$1,176	$779	$855	$811
	27	*65*	*106*	*48*	*47*	*74*
Health Status						
Excellent	561	387	599	464	679	697
	40	*80*	*138*	*57*	*86*	*203*
Very Good	572	492	869	520	559	860
	35	*78*	*274*	*54*	*39*	*185*
Good	736	608	778	705	823	717
	39	*88*	*142*	*70*	*67*	*107*
Fair	1,004	961	1,013	878	1,183	873
	61	*163*	*137*	*78*	*127*	*179*
Poor	1,707	1,103	2,158	1,924	1,470	1,181
	154	*198*	*337*	*393*	*314*	*259*
Functional Limitation						
None	702	621	836	686	734	762
	30	*71*	*91*	*64*	*46*	*91*
IADL only[4]	965	945	1,091	908	1,013	858
	67	*147*	*174*	*133*	*147*	*157*
One to two ADLs[5]	1,035	730	1,675	867	1,044	733
	82	*157*	*347*	*79*	*112*	*166*
Three to five ADLs	1,072	970	1,236	865	993	1,182
	111	*214*	*185*	*190*	*127*	*351*

Table 4.10 Outpatient Haspital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 af 4)

Community-Only Residents with at Least One Outpatient Haspital Visit in 1992[1]

Beneficiary Characteristic	Tatal[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Emplayer-Spansared Private Insurance	Bath Types af Private Insurance
Expenditures per User	$854	$770	$1,176	$779	$855	$811
	27	*65*	*106*	*48*	*47*	*74*
Metropalitan Area Resident						
Yes	906	815	1,304	828	911	775
	33	*80*	*115*	*67*	*58*	*90*
No	724	684	872	688	688	920
	45	*111*	*200*	*76*	*70*	*118*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *Personal health care expenditures* in Appendix B, for additional information.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Physician/Supplier Service in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$1,645	$1,078	$2,044	$1,644	$1,659	$1,977
	31	*59*	*99*	*50*	*52*	*157*
Medicare Status[3]						
Aged						
65 - 74 years	1,494	$1,014	1,882	1,484	1,510	1,890
	42	*116*	*169*	*72*	*71*	*203*
75 - 84 years	1,825	1,103	2,115	1,824	1,872	2,115
	55	*87*	*171*	*79*	*111*	*288*
85 years and older	1,832	1,318	2,175	1,728	1,932	2,158
	54	*145*	*198*	*100*	*181*	*261*
Disabled						
Under 45 years	1,575	950	1,839	1,473	1,823	2,824
	112	*116*	*164*	*261*	*314*	*2,292*
45 - 64 years	1,880	1,161	2,408	2,207	1,961	1,773
	120	*105*	*256*	*410*	*242*	*453*
Gender						
Male	1,720	1,025	2,208	1,846	1,735	2,073
	54	*76*	*162*	*98*	*96*	*267*
Female	1,588	1,146	1,958	1,518	1,592	1,907
	33	*95*	*100*	*53*	*57*	*185*
Living Arrangement						
Lives alone	1,632	1,102	1,908	1,679	1,581	1,873
	44	*81*	*140*	*67*	*79*	*230*
With spouse	1,628	1,028	2,458	1,583	1,700	1,894
	43	*100*	*206*	*66*	*72*	*205*
With children	1,788	1,251	2,160	1,860	1,453	3,771
	89	*173*	*191*	*160*	*138*	*1,377*
With others	1,641	1,048	1,723	1,732	1,722	2,210
	102	*142*	*156*	*320*	*190*	*670*

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents with at Least One Physician/Supplier Service in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$1,645	$1,078	$2,044	$1,644	$1,659	$1,977
	31	*59*	*99*	*50*	*52*	*157*
Race/Ethnicity						
White non-Hispanic	1,635	1,077	2,099	1,644	1,653	1,931
	32	*62*	*127*	*52*	*59*	*154*
Black non-Hispanic	1,559	1,120	1,844	1,166	1,778	2,034
	90	*160*	*146*	*165*	*197*	*1,109*
Hispanic	1,798	1,002	2,066	1,999	1,761	1,423
	163	*158*	*314*	*431*	*267*	*624*
Other	2,145	1,000	2,377	2,696	837	7,366
	263	*370*	*305*	*1,000*	*205*	*2,892*
Income						
Less than $2,500	1,480	1,201	1,900	1,575	1,317	818
	121	*374*	*289*	*248*	*172*	*161*
$2,500 - $4,999	1,490	1,150	1,697	1,238	1,823	730
	108	*221*	*224*	*143*	*380*	*140*
$5,000 - $7,499	1,552	1,042	1,817	1,440	1,342	1,275
	54	*123*	*101*	*111*	*142*	*332*
$7,500 - $9,999	1,683	991	2,321	1,830	1,502	2,249
	75	*91*	*224*	*154*	*106*	*459*
$10,000 - $14,999	1,765	1,080	3,037	1,708	1,870	1,992
	66	*154*	*402*	*110*	*112*	*278*
$15,000 - $19,999	1,639	1,164	2,834	1,769	1,475	2,408
	87	*133*	*708*	*161*	*93*	*534*
$20,000 - $24,999	1,511	1,123	4,184	1,558	1,528	1,385
	68	*295*	*1,629*	*131*	*141*	*197*
$25,000 - $29,999	1,771	923	4,114	1,647	1,919	2,281
	114	*228*	*2,176*	*153*	*193*	*597*
$30,000 or more	1,656	1,209	1,609	1,548	1,725	2,109
	81	*248*	*511*	*91*	*137*	*285*

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Physician/Supplier Service in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$1,645	$1,078	$2,044	$1,644	$1,659	$1,977
	31	*59*	*99*	*50*	*52*	*157*
Health Status						
Excellent	1,082	747	1,398	1,085	1,020	1,359
	39	*105*	*231*	*71*	*64*	*226*
Very Good	1,196	799	1,293	1,238	1,160	1,516
	43	*64*	*125*	*68*	*80*	*294*
Good	1,581	934	1,759	1,569	1,741	1,801
	52	*90*	*156*	*87*	*88*	*216*
Fair	2,058	1,094	1,991	2,174	2,351	2,767
	84	*110*	*145*	*137*	*211*	*402*
Poor	3,038	1,754	3,232	3,327	3,498	4,589
	159	*179*	*259*	*367*	*295*	*958*
Functional Limitation						
None	1,223	795	1,494	1,231	1,249	1,346
	28	*50*	*128*	*47*	*44*	*132*
IADL only[4]	1,842	1,165	1,684	2,000	2,005	2,505
	66	*127*	*135*	*102*	*150*	*362*
One to two ADLs[5]	2,185	1,322	2,339	2,301	2,385	2,249
	108	*201*	*214*	*160*	*258*	*361*
Three to five ADLs	2,956	1,622	3,284	2,611	3,318	6,039
	168	*187*	*277*	*288*	*254*	*1,495*

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents with at Least One Physician/Supplier Service in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$1,645	$1,078	$2,044	$1,644	$1,659	$1,977
	31	*59*	*99*	*50*	*52*	*157*
Metrapalitan Area Resident						
Yes	1,772	1,131	2,331	1,801	1,757	2,104
	37	*66*	*122*	*66*	*64*	*193*
No	1,293	971	1,359	1,315	1,323	1,547
	54	*111*	*144*	*61*	*64*	*208*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *Personal health care expenditures* in Appendix B, for additional information.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

4 IADL stands for Instrumental Activity of Daily Living.

5 ADL stands for Activity of Daily Living.

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Prescribed Medicine in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$549	$449	$630	$526	$593	$649
	7	*22*	*17*	*13*	*12*	*31*
Medicare Status[3]						
Aged						
65 - 74 years	514	379	556	483	570	637
	10	*26*	*25*	*17*	*15*	*37*
75 - 84 years	542	371	651	573	540	661
	11	*26*	*30*	*17*	*19*	*65*
85 years and older	493	381	492	531	500	560
	19	*31*	*34*	*31*	*32*	*75*
Disabled						
Under 45 years	720	551	652	825	1,319	1,571
	49	*90*	*55*	*225*	*229*	*1,493*
45 - 64 years	841	697	850	716	1,061	1,004
	38	*81*	*65*	*82*	*94*	*233*
Gender						
Male	528	482	548	510	571	625
	10	*36*	*31*	*21*	*15*	*55*
Female	565	409	672	536	612	665
	10	*21*	*23*	*14*	*17*	*41*
Living Arrangement						
Lives alone	541	437	682	520	552	638
	13	*40*	*32*	*19*	*27*	*62*
With spouse	550	475	575	512	605	659
	10	*37*	*43*	*19*	*14*	*43*
With children	557	401	626	592	580	499
	23	*49*	*43*	*36*	*39*	*77*
With others	565	427	594	601	648	722
	25	*41*	*38*	*64*	*65*	*127*

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents with at Least One Prescribed Medicine in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$549	$449	$630	$526	$593	$649
	7	*22*	*17*	*13*	*12*	*31*
Race/Ethnicity						
White non-Hispanic	562	506	709	529	594	656
	8	*31*	*31*	*13*	*12*	*32*
Black non-Hispanic	502	363	613	470	570	594
	22	*30*	*33*	*66*	*45*	*84*
Hispanic	460	260	483	538	611	324
	26	*34*	*37*	*64*	*63*	*126*
Other	407	246	431	495	425	798
	36	*34*	*62*	*81*	*80*	*176*
Income						
Less than $2,500	480	365	427	428	727	448
	43	*53*	*49*	*56*	*172*	*156*
$2,500 - $4,999	510	288	602	504	486	692
	27	*30*	*52*	*100*	*98*	*211*
$5,000 - $7,499	547	364	621	529	573	599
	15	*24*	*25*	*28*	*49*	*148*
$7,500 - $9,999	525	388	693	527	566	630
	20	*35*	*46*	*29*	*37*	*76*
$10,000 - $14,999	577	505	802	537	631	777
	17	*43*	*70*	*21*	*29*	*103*
$15,000 - $19,999	544	440	428	532	592	611
	21	*48*	*75*	*30*	*30*	*96*
$20,000 - $24,999	587	678	752	518	657	622
	24	*107*	*173*	*31*	*45*	*102*
$25,000 - $29,999	542	806	1,305	514	545	547
	28	*227*	*633*	*45*	*40*	*66*
$30,000 or more	543	587	345	537	555	671
	17	*140*	*88*	*34*	*21*	*59*

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Prescribed Medicine in 1992[1]

Beneficiary Characteristic	Total[2]	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	$549	$449	$630	$526	$593	$649
	7	*22*	*17*	*13*	*12*	*31*
Health Status						
Excellent	347	301	427	329	384	390
	15	*82*	*51*	*25*	*23*	*54*
Very Good	421	321	479	399	459	559
	11	*34*	*37*	*17*	*19*	*48*
Good	531	361	545	526	601	638
	13	*21*	*32*	*23*	*20*	*53*
Fair	711	567	628	734	822	911
	19	*51*	*28*	*31*	*37*	*93*
Poor	866	622	907	831	1,067	1,027
	29	*60*	*53*	*43*	*73*	*181*
Functional Limitation						
None	428	344	457	415	477	500
	8	*27*	*27*	*13*	*14*	*35*
IADL only[4]	638	542	609	635	710	823
	17	*50*	*34*	*26*	*25*	*93*
One to two ADLs[5]	683	431	737	677	759	882
	17	*46*	*44*	*34*	*34*	*128*
Three to five ADLs	816	647	811	729	1,025	909
	29	*84*	*46*	*44*	*90*	*150*

Table 4.12 Prescriptian Medicine Expenditures far Noninstitutianalized Medicare Beneficiaries per User, by Insurance Caverage, and by Demagraphic, Saciaecanamic, and Health Characteristics, 1992 (4 af 4)

Cammunity-Only Residents with at Least One Prescribed Medicine in 1992[1]

Beneficiary Characteristic	Tatal[2]	Medicare Fee-far-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Emplayer-Spansared Private Insurance	Bath Types af Private Insurance
Expenditures per User	$549	$449	$630	$526	$593	$649
	7	*22*	*17*	*13*	*12*	*31*
Metrapalitan Area Resident						
Yes	541	428	629	524	589	633
	9	*25*	*20*	*16*	*13*	*35*
Na	573	496	636	531	610	707
	14	*44*	*36*	*22*	*22*	*70*

Saurce: Medicare Current Beneficiary Survey

Nate: Standard errars are in blue and italics. See Appendix A far additianal infarmatian an standard errars. See Appendix B far definitians af terms and variables.

1 The term *community-only residents* includes beneficiaries who resided anly in the cammunity during the year. It excludes beneficiaries wha resided part af the year in the cammunity and part af the year in a lang-term care facility, and beneficiaries wha resided anly in a lang-term care facility during the year.

2 Expenditures far beneficiaries enralled in Medicare HMOs are nat shawn separately in the table, but are included in the tatal. See entry far *Persanal health care expenditures* in Appendix B, far additianal infarmatian.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgraups af "Aged" and "Disabled."

4 IADL stands far Instrumental Activity af Daily Living.

5 ADL stands far Activity af Daily Living.

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Inpatient Hospital Stay in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Expenditures per User	$11,062	$9,502	$138	$933	$227	$262
	281	*253*	*14*	*109*	*30*	*40*
Medicare Status[2]						
Aged						
65 - 74 years	11,564	10,054	94	941	237	239
	491	*447*	*23*	*153*	*56*	*66*
75 - 84 years	10,341	9,086	96	877	189	94
	442	*390*	*15*	*121*	*52*	*30*
85 years and older	8,834	7,815	120	551	289	59
	419	*399*	*15*	*51*	*91*	*23*
Disabled						
Under 45 years	14,678	11,145	741	1,799	239	755
	1,674	*1,315*	*116*	*1,098*	*69*	*211*
45 - 64 years	13,054	9,948	330	1,310	245	1,220
	1,007	*1,001*	*56*	*306*	*53*	*253*
Gender						
Male	11,831	10,004	118	1,014	269	426
	457	*387*	*24*	*148*	*52*	*79*
Female	10,387	9,062	155	862	190	118
	381	*349*	*14*	*159*	*37*	*27*
Marital Status						
Married	11,241	9,500	49	1,110	188	393
	422	*419*	*10*	*134*	*26*	*74*
Widowed	9,977	8,746	170	725	286	50
	477	*447*	*29*	*116*	*83*	*15*
Divorced/seporated	12,548	11,044	372	584	200	348
	844	*845*	*48*	*248*	*53*	*107*
Never married	14,099	11,988	399	1,196	252	264
	2,181	*1,961*	*73*	*727*	*85*	*94*

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents with at Least One Inpatient Hospital Stay in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Expenditures per User	$11,062	$9,502	$138	$933	$227	$262
	281	*253*	*14*	*109*	*30*	*40*
Race/Ethnicity						
White non-Hisponic	10,793	9,227	81	999	231	256
	293	*255*	*8*	*125*	*35*	*38*
Block non-Hisponic	12,957	11,354	462	571	236	333
	1,220	*1,124*	*114*	*154*	*53*	*120*
Hisponic	10,919	9,375	364	689	192	298
	1,355	*1,259*	*75*	*356*	*56*	*259*
Other	15,416	14,429	664	265	58	0
	4,005	*3,992*	*169*	*84*	*30*	*0*
Income						
Less thon $2,500	11,999	10,848	360	416	101	273
	2,074	*2,054*	*126*	*54*	*29*	*177*
$2,500 - $4,999	10,417	9,332	446	366	181	92
	1,154	*1,116*	*88*	*86*	*74*	*53*
$5,000 - $7,499	11,756	10,313	488	456	156	343
	959	*883*	*67*	*123*	*27*	*192*
$7,500 - $9,999	9,939	8,632	146	700	167	294
	561	*556*	*20*	*172*	*23*	*117*
$10,000 - $14,999	11,387	10,044	47	750	435	111
	590	*555*	*8*	*94*	*133*	*31*
$15,000 - $19,999	11,277	9,917	5	761	238	355
	843	*816*	*3*	*100*	*56*	*116*
$20,000 - $24,999	10,622	8,664	12	1,546	112	289
	844	*728*	*7*	*538*	*18*	*132*
$25,000 - $29,999	12,235	9,847	0	1,785	170	432
	1,589	*1,419*	*0*	*839*	*40*	*172*
$30,000 or more	10,540	8,454	7	1,663	157	260
	889	*831*	*4*	*299*	*28*	*61*

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Inpatient Hospital Stay in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$11,062	$9,502	$138	$933	$227	$262
	281	*253*	*14*	*109*	*30*	*40*
Health Status						
Excellent	9,501	8,254	48	932	245	22
	808	*797*	*14*	*256*	*78*	*20*
Very Good	8,381	7,156	53	696	384	92
	518	*522*	*10*	*70*	*164*	*32*
Good	9,981	8,420	108	967	182	304
	551	*459*	*15*	*222*	*36*	*52*
Foir	11,495	9,839	162	1,071	173	251
	686	*557*	*40*	*243*	*35*	*61*
Poor	14,802	12,996	254	910	211	432
	929	*864*	*35*	*127*	*32*	*138*
Functional Limitation						
None	9,055	7,625	47	915	249	220
	381	*362*	*7*	*139*	*64*	*41*
IADL only[3]	10,289	8,812	143	981	131	222
	523	*444*	*17*	*279*	*21*	*40*
One to two ADLs[4]	12,353	10,669	193	890	291	310
	768	*714*	*47*	*154*	*91*	*89*
Three to five ADLs	15,388	13,539	261	955	266	367
	969	*898*	*38*	*189*	*71*	*168*

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents with at Least One Inpatient Hospital Stay in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$11,062	$9,502	$138	$933	$227	$262
	281	*253*	*14*	*109*	*30*	*40*
Metropolitan Area Resident						
Yes	11,753	10,115	150	972	255	260
	364	*319*	*18*	*145*	*41*	*48*
No	9,186	7,850	104	816	149	267
	334	*337*	*14*	*78*	*21*	*63*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Outpatient Hospital Visit in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$854	$508	$29	$190	$88	$39
	27	*20*	*2*	*7*	*4*	*4*
Medicare Status[2]						
Aged						
65 - 74 years	807	469	19	199	80	39
	43	*32*	*3*	*12*	*4*	*7*
75 - 84 years	767	466	16	178	93	14
	36	*24*	*3*	*11*	*8*	*3*
85 years and older	637	384	29	150	63	11
	41	*26*	*10*	*14*	*7*	*4*
Disabled						
Under 45 years	1,573	1,004	137	196	114	121
	198	*144*	*17*	*50*	*20*	*24*
45 - 64 years	1,435	855	94	216	136	134
	148	*122*	*15*	*29*	*15*	*20*
Gender						
Male	939	518	25	215	108	73
	44	*29*	*3*	*13*	*7*	*9*
Female	789	501	31	172	72	13
	34	*29*	*3*	*7*	*4*	*2*
Marital Status						
Married	839	469	14	216	96	44
	32	*23*	*2*	*10*	*7*	*6*
Widowed	780	492	30	170	71	17
	44	*33*	*4*	*11*	*5*	*4*
Divorced/separated	1,115	723	81	131	100	81
	144	*116*	*13*	*21*	*11*	*24*
Never married	1,000	655	85	139	79	42
	117	*87*	*11*	*30*	*12*	*12*

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents with at Least One Outpatient Hospital Visit in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$854	$508	$29	$190	$88	$39
	27	*20*	*2*	*7*	*4*	*4*
Race/Ethnicity						
White non-Hispanic	810	460	16	207	89	38
	28	*19*	*2*	*9*	*4*	*5*
Black non-Hispanic	1,078	751	81	117	84	45
	118	*93*	*10*	*25*	*9*	*9*
Hispanic	931	660	108	67	53	43
	201	*181*	*20*	*17*	*8*	*14*
Other	1,591	1,113	137	168	145	28
	378	*285*	*41*	*69*	*55*	*13*
Income						
Less than $2,500	715	419	47	106	70	72
	92	*70*	*16*	*19*	*10*	*26*
$2,500 - $4,999	937	676	90	115	43	12
	242	*194*	*17*	*47*	*8*	*4*
$5,000 - $7,499	899	635	105	76	69	15
	85	*71*	*11*	*9*	*8*	*3*
$7,500 - $9,999	944	602	41	161	97	43
	80	*63*	*7*	*17*	*11*	*11*
$10,000 - $14,999	860	507	12	189	105	48
	50	*33*	*2*	*14*	*10*	*11*
$15,000 - $19,999	868	520	5	213	96	34
	100	*81*	*3*	*24*	*10*	*5*
$20,000 - $24,999	803	415	6	261	80	41
	64	*40*	*4*	*27*	*13*	*10*
$25,000 - $29,999	847	436	0	234	108	69
	98	*65*	*0*	*31*	*18*	*23*
$30,000 or more	773	391	1	264	80	36
	48	*27*	*0*	*21*	*8*	*12*

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Outpatient Hospital Visit in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$854	$508	$29	$190	$88	$39
	27	*20*	*2*	*7*	*4*	*4*
Health Status						
Excellent	561	306	10	155	71	18
	40	*28*	*3*	*15*	*9*	*5*
Very Good	572	323	10	155	66	18
	35	*25*	*2*	*12*	*5*	*4*
Good	736	417	18	190	79	32
	39	*26*	*2*	*13*	*5*	*7*
Fair	1,004	601	40	205	105	53
	61	*43*	*5*	*16*	*10*	*9*
Poor	1,707	1,122	89	266	137	92
	154	*125*	*13*	*31*	*17*	*18*
Functional Limitation						
None	702	399	12	186	75	30
	30	*21*	*2*	*10*	*4*	*5*
IADL only[3]	965	585	38	196	105	40
	67	*50*	*5*	*16*	*12*	*7*
One to two ADLs[4]	1,035	646	47	203	92	47
	82	*64*	*8*	*17*	*8*	*9*
Three to five ADLs	1,072	661	62	174	106	70
	111	*95*	*10*	*20*	*13*	*22*

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents with at Least One Outpatient Hospital Visit in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Expenditures per User	$854	$508	$29	$190	$88	$39
	27	*20*	*2*	*7*	*4*	*4*
Metrapalitan Area Resident						
Yes	906	543	31	205	89	38
	33	*25*	*3*	*9*	*5*	*5*
No	724	423	21	153	85	42
	45	*32*	*4*	*10*	*6*	*8*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
3 IADL stands for Instrumental Activity of Daily Living.
4 ADL stands for Activity of Daily Living.

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Physician/Supplier Service in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$1,645	$1,018	$44	$261	$303	$19
	31	*21*	*3*	*8*	*7*	*2*
Medicare Status[2]						
Aged						
65 - 74 years	1,494	918	26	259	276	15
	42	*29*	*3*	*12*	*9*	*3*
75 - 84 years	1,825	1,172	35	279	329	10
	55	*35*	*4*	*14*	*15*	*2*
85 years and older	1,832	1,170	62	245	347	8
	54	*38*	*9*	*13*	*26*	*2*
Disabled						
Under 45 years	1,575	878	208	164	257	69
	112	*83*	*24*	*26*	*23*	*20*
45 - 64 years	1,880	1,031	131	267	376	74
	120	*79*	*19*	*29*	*25*	*10*
Gender						
Male	1,720	1,070	36	282	300	32
	54	*36*	*4*	*13*	*11*	*4*
Female	1,588	979	50	246	305	9
	33	*24*	*3*	*9*	*8*	*1*
Marital Status						
Married	1,617	981	20	298	299	19
	42	*27*	*3*	*13*	*9*	*3*
Widowed	1,659	1,062	50	225	313	9
	47	*31*	*4*	*10*	*14*	*1*
Divorced/separated	1,862	1,171	130	206	312	44
	127	*84*	*18*	*30*	*37*	*9*
Never married	1,537	932	115	179	277	33
	106	*78*	*13*	*22*	*22*	*9*

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents with at Least One Physician/Supplier Service in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$1,645	$1,018	$44	$261	$303	$19
	31	*21*	*3*	*8*	*7*	*2*
Race/Ethnicity						
White non-Hispanic	1,635	995	26	284	312	17
	32	*21*	*2*	*10*	*8*	*2*
Black non-Hispanic	1,559	1,033	121	123	253	28
	90	*70*	*15*	*13*	*25*	*7*
Hispanic	1,798	1,238	152	154	227	27
	163	*139*	*20*	*26*	*16*	*7*
Other	2,145	1,434	204	158	332	17
	263	*197*	*40*	*37*	*106*	*6*
Income						
Less than $2,500	1,480	930	80	156	266	47
	121	*93*	*17*	*21*	*27*	*16*
$2,500 - $4,999	1,490	1,007	147	96	230	10
	108	*86*	*22*	*10*	*20*	*3*
$5,000 - $7,499	1,552	1,058	153	108	222	11
	54	*47*	*12*	*10*	*12*	*3*
$7,500 - $9,999	1,683	1,082	63	210	304	24
	75	*56*	*10*	*16*	*20*	*6*
$10,000 - $14,999	1,765	1,097	27	276	336	28
	66	*44*	*5*	*16*	*18*	*7*
$15,000 - $19,999	1,639	1,014	9	277	317	22
	87	*64*	*4*	*18*	*19*	*5*
$20,000 - $24,999	1,511	912	3	301	283	12
	68	*44*	*2*	*20*	*18*	*3*
$25,000 - $29,999	1,771	1,010	0	386	362	12
	114	*72*	*0*	*53*	*24*	*3*
$30,000 or more	1,656	942	2	372	330	10
	81	*47*	*1*	*29*	*18*	*2*

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Physician/Supplier Service in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$1,645	$1,018	$44	$261	$303	$19
	31	*21*	*3*	*8*	*7*	*2*
Health Status						
Excellent	1,082	627	11	186	247	11
	39	*24*	*2*	*13*	*13*	*3*
Very Good	1,196	711	15	210	248	11
	43	*29*	*2*	*14*	*11*	*2*
Good	1,581	971	38	268	286	18
	52	*34*	*5*	*17*	*11*	*3*
Fair	2,058	1,302	65	308	365	19
	84	*55*	*5*	*19*	*20*	*3*
Poor	3,038	1,988	145	396	458	51
	159	*116*	*20*	*31*	*29*	*14*
Functional Limitation						
None	1,223	744	16	215	237	12
	28	*19*	*2*	*9*	*7*	*2*
IADL only[3]	1,842	1,158	56	296	309	23
	66	*48*	*5*	*20*	*12*	*5*
One to two ADLs[4]	2,185	1,365	70	326	394	30
	108	*71*	*9*	*23*	*28*	*9*
Three to five ADLs	2,956	1,840	154	358	574	29
	168	*123*	*21*	*33*	*43*	*6*

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents with at Least One Physician/Supplier Service in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Expenditures per User	$1,645	$1,018	$44	$261	$303	$19
	31	*21*	*3*	*8*	*7*	*2*
Metropolitan Area Resident						
Yes	1,772	1,109	46	284	315	18
	37	*26*	*3*	*10*	*9*	*2*
No	1,293	766	37	200	271	19
	54	*34*	*6*	*15*	*9*	*6*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Dental Service in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Expenditures per User	$351	$0	$8	$42	$291	$10
	9	*0*	*1*	*3*	*8*	*2*
Medicare Status[2]						
Aged						
65 - 74 years	357	0	4	49	293	11
	12	*0*	*1*	*4*	*11*	*2*
75 - 84 years	347	1	4	28	307	7
	19	*0*	*1*	*3*	*18*	*3*
85 years and older	272	1	9	22	238	2
	23	*1*	*5*	*5*	*22*	*1*
Disabled						
Under 45 years	278	0	67	35	155	21
	29	*0*	*13*	*13*	*18*	*7*
45 - 64 years	422	0	33	58	308	22
	66	*0*	*8*	*15*	*52*	*9*
Gender						
Male	380	0	8	51	302	18
	14	*0*	*1*	*5*	*13*	*4*
Female	328	0	7	34	282	4
	11	*0*	*1*	*3*	*10*	*1*
Marital Status						
Married	364	0	3	49	301	11
	12	*0*	*1*	*4*	*10*	*2*
Widowed	337	1	8	26	296	6
	21	*0*	*2*	*4*	*21*	*3*
Divorced/separated	320	0	28	35	248	9
	40	*0*	*5*	*10*	*35*	*4*
Never married	316	0	28	43	223	22
	30	*0*	*6*	*14*	*20*	*10*

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents with at Least One Dental Service in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Expenditures per User	$351	$0	$8	$42	$291	$10
	9	*0*	*1*	*3*	*8*	*2*
Race/Ethnicity						
White non-Hispanic	356	0	4	43	298	10
	10	*0*	*1*	*3*	*9*	*2*
Black non-Hispanic	296	0	34	34	215	13
	46	*0*	*9*	*10*	*39*	*5*
Hispanic	333	0	27	31	263	11
	44	*0*	*8*	*10*	*39*	*5*
Other	305	0	62	10	212	20
	37	*0*	*17*	*5*	*37*	*15*
Income						
Less than $2,500	408	0	10	24	358	15
	108	*0*	*6*	*13*	*103*	*7*
$2,500 - $4,999	349	0	28	13	307	1
	64	*0*	*10*	*5*	*62*	*1*
$5,000 - $7,499	294	0	39	18	216	21
	49	*0*	*6*	*5*	*48*	*9*
$7,500 - $9,999	305	0	29	22	240	13
	27	*0*	*6*	*8*	*22*	*6*
$10,000 - $14,999	279	1	2	25	249	3
	17	*0*	*1*	*5*	*17*	*1*
$15,000 - $19,999	380	1	4	47	318	10
	31	*0*	*2*	*8*	*29*	*4*
$20,000 - $24,999	352	0	0	43	297	12
	23	*0*	*0*	*6*	*23*	*5*
$25,000 - $29,999	348	0	0	57	281	9
	44	*0*	*0*	*15*	*34*	*6*
$30,000 or more	406	0	0	61	334	11
	17	*0*	*0*	*7*	*13*	*3*

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demagraphic, Sociaecanomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Dental Service in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$351	$0	$8	$42	$291	$10
	9	*0*	*1*	*3*	*8*	*2*
Health Status						
Excellent	375	0	3	45	320	7
	21	*0*	*1*	*7*	*19*	*2*
Very Good	342	0	4	49	283	6
	19	*0*	*1*	*6*	*17*	*2*
Good	333	1	9	38	276	10
	16	*0*	*2*	*4*	*14*	*3*
Foir	356	0	12	34	298	11
	25	*0*	*4*	*7*	*22*	*3*
Poor	360	0	18	24	284	34
	52	*0*	*4*	*11*	*40*	*13*
Functianal Limitatian						
None	353	0	3	44	298	7
	12	*0*	*1*	*4*	*11*	*2*
IADL anly[3]	366	0	15	43	293	14
	24	*0*	*3*	*6*	*22*	*4*
One to two ADLs[4]	290	1	15	30	237	7
	21	*1*	*4*	*6*	*20*	*4*
Three to five ADLs	384	0	16	18	316	33
	81	*0*	*5*	*6*	*77*	*13*

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)
Community-Only Residents with at Least One Dental Service in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$351	$0	$8	$42	$291	$10
	9	*0*	*1*	*3*	*8*	*2*
Metropolitan Area Resident						
Yes	369	0	9	47	303	11
	10	*0*	*1*	*3*	*9*	*2*
No	287	0	4	23	252	8
	13	*0*	*1*	*2*	*12*	*3*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
3 IADL stands for Instrumental Activity of Daily Living.
4 ADL stands for Activity of Daily Living.

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (1 of 4)

Community-Only Residents with at Least One Prescribed Medicine in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$549	$2	$56	$140	$315	$36
	7	*0*	*2*	*4*	*5*	*3*
Medicare Status[2]						
Aged						
65 - 74 years	514	1	35	154	294	30
	10	*0*	*2*	*6*	*7*	*3*
75 - 84 years	542	2	46	119	342	32
	11	*1*	*4*	*7*	*7*	*3*
85 years and older	493	1	60	84	321	28
	19	*0*	*6*	*8*	*13*	*4*
Disabled						
Under 45 years	720	5	241	140	271	64
	49	*3*	*23*	*30*	*22*	*13*
45 - 64 years	841	3	169	187	385	98
	38	*1*	*20*	*18*	*19*	*19*
Gender						
Male	528	2	37	146	296	46
	10	*1*	*3*	*7*	*7*	*5*
Female	565	1	69	136	330	29
	10	*0*	*4*	*5*	*7*	*3*
Marital Status						
Married	546	2	20	171	320	33
	10	*0*	*2*	*6*	*8*	*4*
Widowed	550	2	76	106	326	40
	12	*1*	*6*	*8*	*7*	*4*
Divorced/separated	549	2	158	89	265	35
	27	*1*	*15*	*11*	*13*	*6*
Never married	573	2	154	94	285	38
	29	*2*	*15*	*13*	*21*	*9*

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (2 of 4)

Community-Only Residents with at Least One Prescribed Medicine in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	$549	$2	$56	$140	$315	$36
	7	*0*	*2*	*4*	*5*	*3*
Race/Ethnicity						
White non-Hisponic	562	2	38	154	332	36
	8	*0*	*2*	*5*	*6*	*3*
Block non-Hisponic	502	1	153	75	231	43
	22	*1*	*14*	*10*	*12*	*8*
Hisponic	460	3	137	61	235	24
	26	*1*	*13*	*21*	*16*	*6*
Other	407	0	154	50	168	35
	36	*0*	*28*	*14*	*17*	*11*
Incame						
Less thon $2,500	480	0	55	105	289	30
	43	*0*	*10*	*26*	*29*	*11*
$2,500 - $4,999	510	2	193	41	252	21
	27	*2*	*25*	*15*	*18*	*7*
$5,000 - $7,499	547	3	217	36	259	32
	15	*1*	*12*	*5*	*7*	*5*
$7,500 - $9,999	525	1	83	76	317	48
	20	*1*	*10*	*7*	*13*	*6*
$10,000 - $14,999	577	1	28	138	367	43
	17	*1*	*4*	*11*	*11*	*7*
$15,000 - $19,999	544	3	4	175	332	32
	21	*2*	*1*	*13*	*15*	*4*
$20,000 - $24,999	587	0	5	230	316	36
	24	*0*	*2*	*19*	*13*	*9*
$25,000 - $29,999	542	3	0	168	334	37
	28	*2*	*0*	*16*	*21*	*8*
$30,000 or more	543	2	2	209	300	30
	17	*1*	*1*	*11*	*11*	*5*

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (3 of 4)

Community-Only Residents with at Least One Prescribed Medicine in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Expenditures per User	$549	$2	$56	$140	$315	$36
	7	*0*	*2*	*4*	*5*	*3*
Health Status						
Excellent	347	0	18	97	211	21
	15	*0*	*3*	*8*	*10*	*5*
Very Good	421	4	20	126	251	20
	11	*1*	*3*	*7*	*7*	*3*
Good	531	1	47	148	307	29
	13	*0*	*4*	*8*	*8*	*3*
Foir	711	2	89	161	406	54
	19	*1*	*6*	*11*	*13*	*7*
Poor	866	2	153	171	462	79
	29	*1*	*14*	*14*	*19*	*12*
Functional Limitation						
None	428	2	20	124	258	26
	8	*1*	*2*	*5*	*5*	*3*
IADL only[3]	638	2	80	158	356	42
	17	*1*	*6*	*10*	*11*	*5*
One to two ADLs[4]	683	1	92	164	382	43
	17	*0*	*7*	*11*	*13*	*5*
Three to five ADLs	816	1	148	151	444	73
	29	*0*	*13*	*16*	*19*	*13*

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1992 (4 of 4)

Community-Only Residents with at Least One Prescribed Medicine in 1992[1]

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Packet	Other Source
Expenditures per User	$549	$2	$56	$140	$315	$36
	7	*0*	*2*	*4*	*5*	*3*
Metropolitan Area Resident						
Yes	541	2	52	146	300	40
	9	*0*	*3*	*5*	*6*	*3*
No	573	1	66	123	359	23
	14	*1*	*3*	*8*	*10*	*3*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1992 (1 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	3,394	18,606	9,818	2,526	2,089	8,313	3,810	820	15,032	1,305	10,293	6,008	1,706	19,311
	98	*40*	*100*	*93*	*53*	*32*	*69*	*59*	*32*	*102*	*27*	*95*	*75*	*53*	*109*
							Beneficiaries as a Percent of Column Total								
							Access to Care								
Usual Source of Care															
None[3]	9.55	11.54	10.32	8.15	6.74	13.32	11.99	11.26	9.69	11.86	8.71	8.97	6.17	5.32	7.76
	0.35	*0.79*	*0.45*	*0.46*	*0.72*	*1.08*	*0.68*	*0.81*	*1.38*	*0.52*	*0.92*	*0.56*	*0.55*	*0.80*	*0.40*
Doctor's office	68.34	57.76	66.79	72.62	77.07	54.37	63.10	67.60	72.15	63.55	63.14	69.76	75.81	79.44	72.06
	1.24	*1.41*	*1.24*	*1.66*	*1.76*	*1.63*	*1.49*	*2.02*	*2.64*	*1.40*	*1.96*	*1.27*	*1.66*	*1.88*	*1.23*
Doctor's clinic	9.40	9.66	9.80	8.96	7.83	9.10	10.25	9.59	8.18	9.81	10.54	9.44	8.56	7.66	9.08
	1.01	*1.00*	*1.02*	*1.28*	*1.35*	*1.15*	*1.18*	*1.49*	*1.59*	*1.08*	*1.25*	*1.03*	*1.27*	*1.46*	*1.02*
HMO[4]	4.46	2.54	5.37	3.91	2.53	2.16	5.04	4.19	3.94	4.37	3.14	5.62	3.74	1.85	4.54
	0.32	*0.39*	*0.38*	*0.48*	*0.46*	*0.46*	*0.51*	*0.67*	*1.00*	*0.38*	*0.59*	*0.49*	*0.54*	*0.42*	*0.37*
Hospital OPD/ER[5]	3.74	9.13	3.31	2.93	2.85	9.67	3.49	2.78	2.70	4.12	8.29	3.16	3.03	2.92	3.44
	0.24	*0.68*	*0.28*	*0.29*	*0.49*	*0.85*	*0.41*	*0.49*	*0.72*	*0.33*	*1.07*	*0.35*	*0.37*	*0.70*	*0.27*
Other clinic/health center	4.51	9.36	4.41	3.42	2.98	11.37	6.11	4.58	3.34	6.29	6.17	3.04	2.69	2.81	3.12
	0.24	*0.70*	*0.35*	*0.33*	*0.49*	*1.01*	*0.50*	*0.62*	*0.89*	*0.38*	*0.93*	*0.37*	*0.41*	*0.49*	*0.26*
Difficulty Obtaining Care															
Yes	4.10	13.76	3.02	3.08	3.21	15.10	2.20	2.55	3.50	4.13	11.63	3.68	3.42	3.07	4.08
	0.22	*0.88*	*0.28*	*0.31*	*0.50*	*1.17*	*0.31*	*0.44*	*1.00*	*0.29*	*1.07*	*0.38*	*0.41*	*0.54*	*0.29*
No	95.90	86.24	96.98	96.92	96.79	84.90	97.80	97.45	96.50	95.87	88.37	96.32	96.58	96.93	95.92
	0.22	*0.88*	*0.28*	*0.31*	*0.50*	*1.17*	*0.31*	*0.44*	*1.00*	*0.29*	*1.07*	*0.38*	*0.41*	*0.54*	*0.29*
Delayed Care Due to Cost															
Yes	11.80	30.34	10.98	8.44	6.29	30.09	8.00	7.82	5.35	10.84	30.75	13.37	8.83	6.75	12.54
	0.36	*1.28*	*0.51*	*0.54*	*0.71*	*1.59*	*0.59*	*0.85*	*0.89*	*0.49*	*1.72*	*0.75*	*0.65*	*0.91*	*0.47*
No	88.20	69.66	89.02	91.56	93.71	69.91	92.00	92.18	94.65	89.16	69.25	86.63	91.17	93.25	87.46
	0.36	*1.28*	*0.51*	*0.54*	*0.71*	*1.59*	*0.59*	*0.85*	*0.89*	*0.49*	*1.72*	*0.75*	*0.65*	*0.91*	*0.47*

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1992 (2 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	3,394	18,606	9,818	2,526	2,089	8,313	3,810	820	15,032	1,305	10,293	6,008	1,706	19,311
	98	*40*	*100*	*93*	*53*	*32*	*69*	*59*	*32*	*102*	*27*	*95*	*75*	*53*	*109*
						Beneficiaries as a Percent of Column Total									
Length of Association with Usual Source of Care						Continuity of Care									
No usual source[3]	9.62	11.62	10.38	8.21	6.84	13.41	12.06	11.36	9.75	11.94	8.77	9.02	6.21	5.42	7.81
	0.35	*0.80*	*0.46*	*0.46*	*0.73*	*1.10*	*0.69*	*0.81*	*1.39*	*0.53*	*0.93*	*0.57*	*0.55*	*0.81*	*0.40*
Less than 1 year	9.56	10.30	9.68	9.10	9.43	9.99	9.10	7.26	10.44	8.83	10.79	10.15	10.27	8.94	10.12
	0.31	*0.80*	*0.46*	*0.48*	*0.91*	*1.01*	*0.73*	*0.74*	*1.47*	*0.45*	*1.42*	*0.60*	*0.71*	*1.06*	*0.43*
1 to less than 3 years	17.22	19.21	17.37	16.53	16.16	17.85	16.69	16.88	13.56	16.73	21.37	17.92	16.31	17.43	17.61
	0.41	*1.03*	*0.55*	*0.74*	*0.99*	*1.45*	*0.69*	*1.13*	*1.69*	*0.57*	*1.46*	*0.84*	*0.96*	*1.34*	*0.58*
3 to less than 5 years	16.34	18.05	16.12	15.96	17.23	17.86	16.67	14.46	15.50	16.21	18.37	15.67	16.92	18.08	16.45
	0.37	*0.93*	*0.54*	*0.63*	*1.26*	*1.27*	*0.76*	*0.92*	*2.16*	*0.51*	*1.43*	*0.76*	*0.72*	*1.48*	*0.50*
5 years or more	47.26	40.81	46.46	50.19	50.33	40.89	45.47	50.04	50.75	46.29	40.70	47.25	50.28	50.13	48.01
	0.65	*1.20*	*0.82*	*1.01*	*1.55*	*1.52*	*1.08*	*1.47*	*2.72*	*0.82*	*1.99*	*1.02*	*1.27*	*1.80*	*0.78*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were taken from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care"differences in the number of missing responses for the two variables. See the entry *Missing values* in Appendix B for further explanation.

4 HMO stands for Health Maintenance Organization.

5 OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1992 (1 of 2)

Community-Only Residents[1]

Measure of Satisfaction[2]	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	3,394	18,606	9,818	2,526	2,089	8,313	3,810	820	15,032	1,305	10,293	6,008	1,706	19,311
	98	*40*	*100*	*93*	*53*	*32*	*69*	*59*	*32*	*102*	*27*	*95*	*75*	*53*	*109*
	Beneficiaries as a Percent of Column Total[3]														
	Quality of Care														
General Care															
Very Satisfied	33.27	26.13	35.50	32.27	30.22	24.22	36.68	30.90	29.60	33.11	29.17	34.56	33.14	30.53	33.40
	0.75	*1.23*	*0.83*	*1.02*	*1.42*	*1.38*	*1.13*	*1.35*	*2.47*	*0.91*	*1.82*	*1.06*	*1.24*	*1.52*	*0.88*
(Very) Unsatisfied	4.44	9.65	3.84	3.97	3.76	9.66	3.62	3.84	5.50	4.60	9.63	4.03	4.05	2.93	4.31
	0.21	*0.79*	*0.25*	*0.39*	*0.49*	*0.94*	*0.39*	*0.53*	*1.06*	*0.29*	*1.22*	*0.33*	*0.52*	*0.51*	*0.27*
Follow-up Care															
Very Satisfied	19.34	15.77	20.76	18.29	17.70	13.42	23.55	18.07	18.65	20.50	19.51	18.51	18.43	17.25	18.44
	0.61	*1.23*	*0.67*	*0.88*	*1.12*	*1.22*	*0.99*	*1.30*	*1.60*	*0.76*	*1.87*	*0.77*	*1.00*	*1.33*	*0.66*
(Very) Unsatisfied	3.67	8.05	3.12	3.54	2.44	8.15	2.90	4.18	1.83	3.89	7.90	3.29	3.14	2.74	3.50
	0.22	*0.70*	*0.28*	*0.34*	*0.41*	*0.89*	*0.38*	*0.62*	*0.65*	*0.31*	*1.04*	*0.38*	*0.41*	*0.55*	*0.26*
	Access/Coordination of Care														
Availability															
Very Satisfied	11.52	10.78	11.95	11.09	10.90	9.53	12.47	11.46	9.67	11.65	12.76	11.54	10.86	11.49	11.41
	0.48	*0.88*	*0.56*	*0.65*	*0.89*	*0.82*	*0.83*	*0.99*	*1.50*	*0.64*	*1.42*	*0.68*	*0.70*	*1.06*	*0.52*
(Very) Unsatisfied	4.11	9.21	3.65	3.29	3.84	9.06	3.16	3.44	5.58	4.17	9.45	4.05	3.20	3.01	4.05
	0.26	*0.70*	*0.35*	*0.33*	*0.56*	*0.87*	*0.47*	*0.52*	*1.05*	*0.34*	*1.04*	*0.44*	*0.42*	*0.64*	*0.31*
Ease of Access to Doctor															
Very Satisfied	22.50	14.69	25.72	20.25	17.85	12.72	27.01	21.01	16.92	22.97	17.83	24.69	19.77	18.30	22.14
	0.71	*1.08*	*0.78*	*0.92*	*1.33*	*1.16*	*1.16*	*1.35*	*2.05*	*0.91*	*1.79*	*0.91*	*1.04*	*1.51*	*0.73*
(Very) Unsatisfied	6.93	14.03	5.36	7.14	8.33	13.89	4.37	6.61	8.50	6.47	14.25	6.16	7.47	8.25	7.29
	0.38	*0.95*	*0.44*	*0.51*	*0.97*	*1.13*	*0.50*	*0.87*	*1.53*	*0.47*	*1.40*	*0.56*	*0.63*	*1.13*	*0.47*
Can Obtain Care in Same Location															
Very Satisfied	16.87	14.73	18.48	15.10	14.66	13.65	18.87	15.30	13.70	16.96	16.46	18.16	14.97	15.13	16.79
	0.62	*1.19*	*0.67*	*0.81*	*1.10*	*1.33*	*1.02*	*1.11*	*1.58*	*0.78*	*1.68*	*0.73*	*0.99*	*1.34*	*0.65*
(Very) Unsatisfied	6.40	13.04	5.88	5.65	4.24	12.46	4.75	5.76	4.76	6.06	13.96	6.80	5.58	4.00	6.65
	0.38	*0.95*	*0.43*	*0.51*	*0.65*	*1.20*	*0.50*	*0.71*	*1.09*	*0.45*	*1.45*	*0.52*	*0.62*	*0.70*	*0.42*

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1992 (2 of 2)

Community-Only Residents[1]

Measure of Satisfaction[2]	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	3,394	18,606	9,818	2,526	2,089	8,313	3,810	820	15,032	1,305	10,293	6,008	1,706	19,311
	98	*40*	*100*	*93*	*53*	*32*	*69*	*59*	*32*	*102*	*27*	*95*	*75*	*53*	*109*
						Beneficiaries as a Percent of Column Total[3]									
						Relationship with Primary Doctor									
Information from Doctor															
Very Satisfied	19.92	16.63	21.57	18.48	17.74	15.15	23.37	19.32	17.90	20.92	18.98	20.12	17.94	17.66	19.15
	0.68	*1.27*	*0.73*	*0.91*	*1.13*	*1.27*	*1.02*	*1.36*	*1.67*	*0.84*	*1.91*	*0.85*	*1.07*	*1.38*	*0.71*
(Very) Unsatisfied	7.13	13.81	6.09	7.25	5.38	13.63	5.87	7.62	6.12	7.39	14.10	6.27	7.02	5.02	6.92
	0.26	*0.77*	*0.33*	*0.53*	*0.65*	*1.03*	*0.51*	*0.88*	*1.16*	*0.39*	*1.48*	*0.49*	*0.61*	*0.75*	*0.35*
Doctor's Concern for Overall Health															
Very Satisfied	21.02	20.14	21.99	19.95	19.18	17.20	23.43	19.64	18.74	21.36	24.82	20.82	20.15	19.39	20.75
	0.60	*1.19*	*0.60*	*0.94*	*1.22*	*1.20*	*0.92*	*1.28*	*1.70*	*0.79*	*1.88*	*0.75*	*1.17*	*1.44*	*0.66*
(Very) Unsatisfied	6.26	11.79	5.95	5.55	3.96	12.04	5.26	5.59	4.33	6.22	11.40	6.51	5.52	3.79	6.29
	0.28	*0.81*	*0.39*	*0.45*	*0.57*	*1.11*	*0.51*	*0.75*	*1.08*	*0.41*	*1.37*	*0.55*	*0.50*	*0.66*	*0.37*
						Cost of Care									
Cost															
Very Satisfied	13.80	11.93	14.80	13.25	11.07	10.98	16.64	14.13	10.05	14.86	13.44	13.32	12.69	11.56	12.98
	0.55	*1.01*	*0.58*	*0.79*	*1.00*	*1.19*	*0.89*	*1.03*	*1.53*	*0.71*	*1.39*	*0.70*	*0.90*	*1.20*	*0.62*
(Very) Unsatisfied	21.63	34.04	20.16	20.85	19.00	34.61	18.64	18.85	19.06	20.91	33.14	21.38	22.13	18.97	22.19
	0.55	*1.30*	*0.76*	*0.82*	*1.25*	*1.69*	*0.95*	*1.20*	*1.95*	*0.70*	*1.94*	*0.94*	*1.04*	*1.38*	*0.69*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were taken from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 Column percentages do not sum to 100 percent because the responses of "satisfied" and "no experience" are excluded from the table for all satisfaction variables.

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (1 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	Total[3]	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	2,419	15,780	8,425	2,126	28,751	596	1,532	725	240	3,093	309	933	496	113	1,852
	98	*43*	*138*	*101*	*54*	*212*	*18*	*50*	*34*	*16*	*68*	*27*	*103*	*70*	*23*	*195*
							Beneficiaries as a Percent of Column Total									
							Access to Care									
Usual Source of Care																
None[4]	9.55	11.44	9.93	7.38	6.24	9.04	10.15	9.68	9.88	9.39	9.80	13.64	16.79	18.49	11.57	16.40
	0.35	*0.89*	*0.46*	*0.45*	*0.71*	*0.35*	*1.85*	*1.36*	*1.92*	*2.33*	*0.98*	*2.32*	*2.50*	*2.91*	*5.97*	*2.13*
Doctor's office	68.34	62.20	68.82	74.49	79.74	70.74	46.37	56.83	62.37	64.50	56.73	48.23	54.86	57.35	59.11	54.68
	1.24	*1.73*	*1.39*	*1.80*	*1.89*	*1.39*	*3.43*	*2.37*	*3.77*	*5.31*	*2.05*	*3.55*	*3.43*	*3.39*	*8.88*	*2.66*
Doctor's clinic	9.40	10.02	10.17	9.34	7.98	9.76	8.25	6.62	7.23	9.86	7.33	8.41	9.51	4.50	1.73	7.50
	1.01	*1.21*	*1.15*	*1.40*	*1.54*	*1.14*	*1.40*	*1.14*	*1.87*	*2.75*	*0.84*	*2.43*	*1.79*	*1.66*	*1.81*	*1.28*
HMO[5]	4.46	2.44	4.83	4.02	2.31	4.21	2.92	7.33	2.10	2.92	4.92	2.27	8.79	5.40	6.83	6.66
	0.32	*0.50*	*0.42*	*0.53*	*0.53*	*0.36*	*0.84*	*1.41*	*0.62*	*1.43*	*0.80*	*1.07*	*1.67*	*1.83*	*3.39*	*1.14*
Hospital OPD/ER[6]	3.74	6.17	2.44	2.06	1.48	2.57	17.55	9.85	10.08	9.69	11.36	16.45	6.52	7.14	9.45	8.53
	0.24	*0.73*	*0.28*	*0.30*	*0.39*	*0.22*	*2.02*	*1.63*	*2.00*	*2.93*	*1.17*	*2.69*	*1.20*	*1.57*	*4.25*	*1.19*
Other clinic/ health center	4.51	7.72	3.80	2.71	2.25	3.69	14.77	9.69	8.33	3.64	9.87	11.00	3.53	7.12	11.31	6.23
	0.24	*0.76*	*0.33*	*0.32*	*0.50*	*0.24*	*2.04*	*1.78*	*1.78*	*1.57*	*1.26*	*2.09*	*1.37*	*1.76*	*4.14*	*0.98*
Difficulty Obtaining Care																
Yes	4.10	13.49	2.55	2.67	2.60	3.50	13.49	6.30	4.77	7.51	7.40	16.36	5.40	7.23	6.74	7.80
	0.22	*1.16*	*0.29*	*0.29*	*0.46*	*0.23*	*1.74*	*1.26*	*1.36*	*2.34*	*0.77*	*4.52*	*1.53*	*2.76*	*3.72*	*1.36*
No	95.90	86.51	97.45	97.33	97.40	96.50	86.51	93.70	95.23	92.49	92.60	83.64	94.60	92.77	93.26	92.20
	0.22	*1.16*	*0.29*	*0.29*	*0.46*	*0.23*	*1.74*	*1.26*	*1.36*	*2.34*	*0.77*	*4.52*	*1.53*	*2.76*	*3.72*	*1.36*
Delayed Care Due to Cost																
Yes	11.80	31.93	10.24	7.71	6.00	10.98	23.79	13.67	12.37	8.91	14.92	28.53	18.36	13.19	5.92	17.90
	0.36	*1.57*	*0.52*	*0.58*	*0.75*	*0.39*	*2.30*	*1.85*	*2.03*	*2.79*	*1.33*	*5.02*	*2.53*	*3.53*	*2.35*	*1.80*
No	88.20	68.07	89.76	92.29	94.00	89.02	76.21	86.33	87.63	91.09	85.08	71.47	81.64	86.81	94.08	82.10
	0.36	*1.57*	*0.52*	*0.58*	*0.75*	*0.39*	*2.30*	*1.85*	*2.03*	*2.79*	*1.33*	*5.02*	*2.53*	*3.53*	*2.35*	*1.80*

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (2 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	Total[3]	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	2,419	15,780	8,425	2,126	28,751	596	1,532	725	240	3,093	309	933	496	113	1,852
	98	*43*	*138*	*101*	*54*	*212*	*18*	*50*	*34*	*16*	*68*	*27*	*103*	*70*	*23*	*195*
							Beneficiaries as a Percent of Column Total									
Length of Association with Usual Source of Care							**Continuity of Care**									
No usual source[4]	9.62	11.51	9.98	7.44	6.33	9.09	10.27	9.77	10.02	9.45	9.90	13.74	16.79	18.56	11.78	16.45
	0.35	*0.90*	*0.46*	*0.46*	*0.72*	*0.35*	*1.88*	*1.36*	*1.93*	*2.34*	*0.98*	*2.33*	*2.50*	*2.93*	*6.07*	*2.14*
Less than 1 year	9.56	10.00	9.35	8.85	9.37	9.26	10.84	10.20	10.11	8.34	10.15	11.55	15.08	12.16	12.45	13.55
	0.31	*0.99*	*0.49*	*0.52*	*0.96*	*0.33*	*1.61*	*1.46*	*1.96*	*2.37*	*0.88*	*2.67*	*1.81*	*2.69*	*3.82*	*1.15*
1 to less than 3 years	17.22	18.34	16.90	16.42	16.42	16.84	23.71	18.83	17.64	15.53	19.23	16.48	17.47	15.83	16.35	16.80
	0.41	*1.25*	*0.61*	*0.75*	*1.03*	*0.44*	*2.32*	*1.59*	*2.56*	*2.58*	*1.19*	*2.71*	*2.30*	*4.01*	*5.86*	*1.73*
3 to less than 5 years	16.34	17.24	16.11	15.85	17.44	16.23	23.38	17.49	17.72	20.29	18.88	16.47	14.14	13.99	12.31	14.38
	0.37	*1.07*	*0.57*	*0.69*	*1.40*	*0.40*	*2.03*	*2.28*	*2.21*	*3.42*	*1.40*	*2.58*	*1.97*	*2.11*	*4.30*	*1.13*
5 years or more	47.26	42.91	47.66	51.44	50.44	48.58	31.80	43.71	44.51	46.39	41.84	41.76	36.52	39.45	47.12	38.83
	0.65	*1.48*	*0.89*	*1.01*	*1.77*	*0.73*	*2.82*	*2.51*	*3.86*	*3.85*	*1.60*	*4.51*	*2.90*	*3.74*	*5.72*	*2.02*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were taken from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.

4 The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care" because of differences in the number of missing responses for the two variables. See the entry *Missing values* in Appendix B for further explanation.

5 HMO stands for Health Maintenance Organization.

6 OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (1 of 2)

Community-Only Residents[1]

Measure of Satisfaction[2]	Total[3]	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	2,419	15,780	8,425	2,126	28,751	596	1,532	725	240	3,093	309	933	496	113	1,852
	98	*43*	*138*	*101*	*54*	*212*	*18*	*50*	*34*	*16*	*68*	*27*	*103*	*70*	*23*	*195*
							Beneficiaries as a Percent of Column Total[4]									
							Quality of Care									
General Care																
Very Satisfied	33.27	28.27	37.59	33.53	31.52	35.18	18.08	20.34	20.26	23.14	20.11	27.59	28.71	30.00	26.83	28.76
	0.75	*1.42*	*0.94*	*1.11*	*1.60*	*0.84*	*1.82*	*2.10*	*2.55*	*3.66*	*1.33*	*5.95*	*3.34*	*5.01*	*6.37*	*3.52*
(Very) Unsatisfied	4.44	8.97	3.63	3.93	3.87	4.18	10.38	4.28	4.49	4.52	5.51	13.71	6.11	1.47	1.71	5.86
	0.21	*0.97*	*0.26*	*0.42*	*0.57*	*0.23*	*1.69*	*0.95*	*1.31*	*1.58*	*0.70*	*3.09*	*1.64*	*0.89*	*1.63*	*1.11*
Follow-up Care																
Very Satisfied	19.34	17.01	22.13	18.59	18.56	20.41	10.41	11.26	14.88	14.10	12.17	18.03	17.31	19.82	12.83	17.83
	0.61	*1.22*	*0.75*	*0.90*	*1.31*	*0.64*	*1.43*	*1.49*	*2.26*	*3.52*	*1.16*	*7.96*	*3.80*	*7.17*	*3.83*	*4.86*
(Very) Unsatisfied	3.67	7.90	3.01	3.31	2.53	3.47	6.05	3.60	3.83	3.24	4.09	11.79	3.73	4.84	0.00	5.14
	0.22	*0.87*	*0.29*	*0.35*	*0.44*	*0.23*	*1.16*	*0.98*	*1.34*	*1.81*	*0.68*	*2.28*	*1.46*	*1.99*	*0.00*	*1.02*
							Access/Coordination of Care									
Availability																
Very Satisfied	11.52	10.73	12.31	11.27	11.21	11.79	9.61	9.24	6.83	8.21	8.67	14.17	12.10	14.80	11.68	13.15
	0.48	*0.83*	*0.59*	*0.69*	*0.99*	*0.48*	*1.31*	*1.36*	*1.74*	*2.46*	*0.91*	*6.56*	*3.36*	*4.73*	*4.46*	*3.81*
(Very) Unsatisfied	4.11	9.68	3.57	3.32	3.58	4.01	6.98	2.00	1.48	4.63	3.04	10.42	7.00	5.09	5.28	6.95
	0.26	*0.85*	*0.38*	*0.36*	*0.59*	*0.28*	*1.36*	*0.78*	*0.75*	*1.77*	*0.49*	*2.50*	*1.60*	*1.43*	*2.37*	*0.96*
Ease of Access to Doctor																
Very Satisfied	22.50	16.07	27.60	21.13	19.10	24.12	10.23	12.99	12.42	10.93	12.17	14.24	21.87	17.22	8.64	18.55
	0.71	*1.21*	*0.90*	*0.98*	*1.48*	*0.79*	*1.68*	*1.58*	*2.22*	*3.13*	*1.04*	*6.62*	*4.08*	*4.70*	*4.82*	*4.23*
(Very) Unsatisfied	6.93	13.48	4.88	6.35	7.03	6.18	12.30	7.53	10.41	11.57	9.43	21.34	8.00	16.01	26.10	13.47
	0.38	*0.89*	*0.44*	*0.44*	*0.91*	*0.33*	*2.03*	*1.59*	*1.90*	*2.68*	*1.03*	*6.31*	*1.98*	*5.21*	*9.59*	*3.67*
Can Obtain Care in Same Location																
Very Satisfied	16.87	15.29	19.14	15.25	14.95	17.37	12.48	12.77	12.14	10.77	12.41	14.66	19.99	18.79	18.15	18.68
	0.62	*1.23*	*0.77*	*0.87*	*1.21*	*0.66*	*1.71*	*1.60*	*2.27*	*3.27*	*1.05*	*6.89*	*4.05*	*5.84*	*4.37*	*4.56*
(Very) Unsatisfied	6.40	13.30	6.02	5.49	4.37	6.35	10.17	3.52	4.57	1.34	4.87	16.04	8.20	11.22	8.07	10.30
	0.38	*0.99*	*0.48*	*0.48*	*0.70*	*0.38*	*1.81*	*0.83*	*1.38*	*0.81*	*0.57*	*4.68*	*2.00*	*4.67*	*5.24*	*3.05*

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1992 (2 of 2)

Community-Only Residents[1]

Measure of Satisfaction[2]	Total[3]	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	2,419	15,780	8,425	2,126	28,751	596	1,532	725	240	3,093	309	933	496	113	1,852
	98	*43*	*138*	*101*	*54*	*212*	*18*	*50*	*34*	*16*	*68*	*27*	*103*	*70*	*23*	*195*
							Beneficiaries as a Percent of Column Total[4]									
							Relationship with Primary Doctor									
Information from Doctor																
Very Satisfied	19.92	17.90	22.88	18.87	18.03	20.93	11.71	11.00	13.59	12.57	11.87	17.04	21.22	19.04	21.88	19.98
	0.68	*1.39*	*0.86*	*0.95*	*1.28*	*0.75*	*1.37*	*1.73*	*2.42*	*3.25*	*1.12*	*7.21*	*3.59*	*7.00*	*5.11*	*4.62*
(Very) Unsatisfied	7.13	14.21	6.29	7.28	5.48	7.18	11.37	4.46	4.98	6.30	6.05	15.82	5.64	8.31	3.39	7.92
	0.26	*0.91*	*0.38*	*0.59*	*0.72*	*0.29*	*1.52*	*0.86*	*1.23*	*2.06*	*0.61*	*3.30*	*1.92*	*2.34*	*2.10*	*1.62*
Doctor's Concern for Overall Health																
Very Satisfied	21.02	21.80	23.36	20.72	20.22	22.23	13.31	12.35	15.13	11.65	13.13	20.25	19.47	17.23	18.16	18.92
	0.60	*1.28*	*0.69*	*1.00*	*1.41*	*0.66*	*1.34*	*1.49*	*2.36*	*3.03*	*1.01*	*6.40*	*3.51*	*5.53*	*4.60*	*4.14*
(Very) Unsatisfied	6.26	11.55	6.11	5.62	3.89	6.25	10.35	3.46	4.04	3.99	4.95	15.40	6.73	6.48	5.23	8.01
	0.28	*1.09*	*0.44*	*0.49*	*0.61*	*0.31*	*1.36*	*1.05*	*1.23*	*1.58*	*0.68*	*3.40*	*1.72*	*2.51*	*3.37*	*1.51*
							Cost of Care									
Cost																
Very Satisfied	13.80	12.33	15.53	13.16	11.40	14.26	9.63	9.06	7.78	9.25	8.88	13.20	14.20	19.35	8.22	15.05
	0.55	*0.97*	*0.67*	*0.85*	*1.11*	*0.61*	*1.56*	*1.63*	*1.73*	*2.46*	*1.00*	*7.34*	*1.95*	*4.02*	*2.99*	*2.74*
(Very) Unsatisfied	21.63	35.64	20.12	20.90	19.51	21.59	30.12	19.34	25.32	19.28	22.79	30.32	21.56	16.61	14.70	21.27
	0.55	*1.46*	*0.80*	*0.91*	*1.37*	*0.58*	*2.35*	*2.22*	*2.85*	*3.39*	*1.47*	*5.81*	*2.34*	*3.77*	*4.59*	*2.43*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were taken from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.

4 Column percentages do not sum to 100 percent because the responses of "satisfied" and "no experience" are excluded from the table for all satisfaction variables.

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (1 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	Lives Alone					Lives with Spouse					Lives with Children/Others				
	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	675	4,196	3,637	1,193	9,701	1,464	12,118	4,518	583	18,684	1,255	2,292	1,662	749	5,958
	98	*33*	*125*	*89*	*46*	*136*	*41*	*136*	*95*	*31*	*148*	*41*	*96*	*65*	*38*	*135*
	Beneficiaries as a Percent of Column Total															
Access to Care																
Usual Source of Care																
None[3]	9.55	15.42	10.67	8.01	5.54	9.36	7.25	9.66	8.00	9.42	9.06	14.48	13.17	8.85	6.58	11.41
	0.35	*1.92*	*0.95*	*0.68*	*0.95*	*0.49*	*0.98*	*0.55*	*0.74*	*1.84*	*0.46*	*1.24*	*1.39*	*1.13*	*1.37*	*0.72*
Doctor's office	68.34	51.11	66.58	72.48	78.64	69.24	64.55	67.72	73.31	74.97	69.06	53.37	62.25	71.06	76.20	64.60
	1.24	*2.48*	*1.72*	*1.77*	*2.10*	*1.36*	*2.26*	*1.55*	*2.05*	*2.94*	*1.51*	*2.17*	*2.37*	*2.20*	*2.14*	*1.41*
Doctor's clinic	9.40	10.09	9.40	9.06	8.12	9.16	10.46	10.45	9.06	7.19	10.01	8.49	7.11	8.46	7.87	7.87
	1.01	*1.51*	*1.20*	*1.34*	*1.67*	*1.10*	*1.46*	*1.23*	*1.53*	*1.87*	*1.18*	*1.09*	*1.28*	*1.52*	*1.64*	*0.80*
HMO[4]	4.46	2.22	4.61	3.53	2.43	3.77	3.78	5.62	4.50	3.89	5.15	1.27	5.40	3.15	1.62	3.43
	0.32	*0.77*	*0.69*	*0.57*	*0.65*	*0.41*	*0.72*	*0.47*	*0.67*	*1.18*	*0.42*	*0.35*	*1.03*	*0.71*	*0.46*	*0.48*
Hospital OPD/ER[5]	3.74	12.15	3.88	3.24	2.66	4.05	5.57	2.74	2.13	2.45	2.80	11.70	5.27	4.46	3.47	6.17
	0.24	*1.72*	*0.57*	*0.51*	*0.84*	*0.42*	*0.75*	*0.31*	*0.39*	*1.10*	*0.25*	*1.30*	*0.82*	*0.85*	*0.96*	*0.57*
Other clinic/ health center	4.51	9.01	4.86	3.68	2.62	4.42	8.39	3.81	3.00	2.08	3.91	10.69	6.79	4.02	4.26	6.52
	0.24	*1.40*	*0.75*	*0.63*	*0.62*	*0.47*	*1.07*	*0.40*	*0.44*	*0.84*	*0.31*	*1.25*	*1.21*	*0.89*	*0.95*	*0.66*
Difficulty Obtaining Care																
Yes	4.10	16.23	4.79	3.61	2.72	4.87	13.94	2.23	2.41	1.60	3.16	12.24	3.96	3.75	5.24	5.79
	0.22	*2.02*	*0.77*	*0.55*	*0.72*	*0.47*	*1.35*	*0.30*	*0.36*	*0.66*	*0.25*	*1.35*	*0.75*	*0.71*	*1.05*	*0.50*
No	95.90	83.77	95.21	96.39	97.28	95.13	86.06	97.77	97.59	98.40	96.84	87.76	96.04	96.25	94.76	94.21
	0.22	*2.02*	*0.77*	*0.55*	*0.72*	*0.47*	*1.35*	*0.30*	*0.36*	*0.66*	*0.25*	*1.35*	*0.75*	*0.71*	*1.05*	*0.50*
Delayed Care Due to Cost																
Yes	11.80	28.62	14.77	9.00	6.49	12.52	35.25	8.25	6.89	4.61	9.91	25.52	18.44	11.43	7.30	16.56
	0.36	*2.31*	*1.22*	*0.79*	*0.98*	*0.67*	*1.98*	*0.47*	*0.77*	*1.21*	*0.39*	*1.57*	*1.76*	*1.31*	*1.30*	*0.91*
No	88.20	71.38	85.23	91.00	93.51	87.48	64.75	91.75	93.11	95.39	90.09	74.48	81.56	88.57	92.70	83.44
	0.36	*2.31*	*1.22*	*0.79*	*0.98*	*0.67*	*1.98*	*0.47*	*0.77*	*1.21*	*0.39*	*1.57*	*1.76*	*1.31*	*1.30*	*0.91*

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (2 of 2)

Community-Only Residents[1]

Indicotor of Access to Core[2]	Totol	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol	< 65	65 - 74	75 - 84	85 +	Totol
Beneficiories (in 000s)	34,343	675	4,196	3,637	1,193	9,701	1,464	12,118	4,518	583	18,684	1,255	2,292	1,662	749	5,958
	98	*33*	*125*	*89*	*46*	*136*	*41*	*136*	*95*	*31*	*148*	*41*	*96*	*65*	*38*	*135*
							Beneficiories os o Percent of Column Totol									
Length of Associotion with Usuol Source of Core							Continuity of Core									
Na usual saurce[3]	9.62	15.51	10.78	8.06	5.63	9.44	7.30	9.70	8.07	9.46	9.11	14.62	13.27	8.94	6.68	11.52
	0.35	*1.93*	*0.97*	*0.68*	*0.97*	*0.50*	*0.99*	*0.55*	*0.74*	*1.84*	*0.46*	*1.24*	*1.39*	*1.15*	*1.39*	*0.73*
Less than 1 year	9.56	9.86	9.68	8.82	9.42	9.34	9.06	9.04	8.25	9.08	8.85	11.98	13.11	12.05	9.74	12.15
	0.31	*1.61*	*0.94*	*0.83*	*1.31*	*0.55*	*1.12*	*0.50*	*0.71*	*1.54*	*0.35*	*1.23*	*1.16*	*1.40*	*1.65*	*0.72*
1 to less than 3 years	17.22	21.87	18.31	16.79	16.95	17.81	17.63	16.96	15.95	12.17	16.62	19.65	17.82	17.56	18.08	18.17
	0.41	*2.27*	*1.22*	*1.17*	*1.52*	*0.68*	*1.69*	*0.64*	*1.01*	*1.65*	*0.54*	*1.25*	*1.54*	*1.93*	*2.03*	*0.93*
3 to less than 5 years	16.34	17.06	16.89	15.61	17.31	16.47	18.97	16.01	16.53	14.78	16.33	17.50	15.26	15.18	19.05	16.18
	0.37	*2.03*	*1.13*	*1.05*	*1.67*	*0.69*	*1.60*	*0.67*	*0.98*	*2.22*	*0.55*	*1.32*	*1.51*	*1.63*	*2.17*	*0.83*
5 years or more	47.26	35.70	44.35	50.73	50.69	46.94	47.03	48.30	51.19	54.52	49.09	36.25	40.54	46.26	46.45	41.98
	0.65	*2.50*	*1.73*	*1.54*	*2.05*	*0.98*	*2.25*	*0.95*	*1.25*	*3.27*	*0.76*	*1.90*	*2.01*	*2.04*	*2.72*	*1.16*

Saurce: Medicare Current Beneficiary Survey

Nate: Standard errars are in blue and italics. See Appendix A far additianal infarmatian an standard errars. See Appendix B far definitians af terms and variables.

1 The term *community-only residents* includes beneficiaries wha resided anly in the cammunity during the year. It excludes beneficiaries wha resided part af the year in the cammunity and part af the year in a lang-term care facility, and beneficiaries wha resided anly in a lang-term care facility during the year.

2 Respanses far sample persans nat interviewed in Raund 4 (i.e., the 1992 Access ta Care Public Use File) were taken fram their Raund 1 interview (i.e., the 1991 Access ta Care Public Use File) ar fram their Raund 7 interview (i.e., the 1993 Access ta Care Public Use File).

3 The percentage af respanses far "nane" under "Usual Saurce af Care" differs fram the percentage af respanses far "na usual saurce" under "Length af Assaciatian with Usual Saurce af Care" because af differences in the number af missing respanses far the twa variables. See the entry *Missing values* in Appendix B far further explanatian.

4 HMO stands far Health Maintenance Organizatian.

5 OPD stands far Outpatient Department; ER stands far Emergency Raam.

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (1 of 2)

Community-Only Residents[1]

Measure of Satisfaction[2]	Lives Alone					Lives with Spouse					Lives with Children/Others				
	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	34,343	675	4,196	3,637	1,193	9,701	1,464	12,118	4,518	583	18,684	1,255	2,292	1,662	749	5,958
	98	*33*	*125*	*89*	*46*	*136*	*41*	*136*	*95*	*31*	*148*	*41*	*96*	*65*	*38*	*135*
							Beneficiories as a Percent of Column Total[3]									
							Quality of Care									
General Care																
Very Satisfied	33.27	27.90	36.14	32.30	29.54	33.32	26.48	36.57	33.45	34.09	34.96	24.78	28.67	28.99	28.28	27.90
	0.75	*2.41*	*1.51*	*1.50*	*1.80*	*1.16*	*1.86*	*1.10*	*1.36*	*3.03*	*0.94*	*1.72*	*1.99*	*2.17*	*2.75*	*1.18*
(Very) Unsatisfied	4.44	8.79	3.77	3.81	4.63	4.23	9.86	3.50	3.87	3.02	4.07	9.86	5.82	4.62	2.96	5.97
	0.21	*1.51*	*0.51*	*0.54*	*0.87*	*0.34*	*1.20*	*0.33*	*0.56*	*0.94*	*0.29*	*1.00*	*1.03*	*1.06*	*0.82*	*0.58*
Follow-up Care																
Very Satisfied	19.34	14.61	18.85	17.89	15.56	17.80	17.08	22.06	18.91	19.98	20.85	14.84	17.36	17.48	19.35	17.12
	0.61	*1.93*	*1.18*	*1.29*	*1.66*	*0.81*	*2.03*	*0.75*	*1.13*	*2.15*	*0.71*	*1.33*	*1.72*	*1.91*	*2.18*	*1.15*
(Very) Unsatisfied	3.67	8.29	3.50	3.41	3.74	3.82	7.91	3.04	3.50	1.21	3.47	8.10	2.81	3.95	1.33	4.05
	0.22	*1.45*	*0.60*	*0.53*	*0.75*	*0.39*	*1.12*	*0.31*	*0.50*	*0.56*	*0.28*	*0.97*	*0.66*	*0.76*	*0.60*	*0.40*
							Access/Coordination of Care									
Availability																
Very Satisfied	11.52	9.25	12.25	10.45	9.62	11.05	11.99	12.28	11.80	13.03	12.16	10.15	9.71	10.56	11.26	10.24
	0.48	*1.62*	*1.05*	*0.85*	*1.08*	*0.67*	*1.44*	*0.74*	*0.77*	*2.12*	*0.60*	*1.27*	*1.40*	*1.49*	*1.72*	*0.81*
(Very) Unsatisfied	4.11	7.34	3.55	3.40	3.83	3.79	10.73	3.69	3.34	3.96	4.16	8.41	3.62	2.91	3.77	4.44
	0.26	*1.35*	*0.72*	*0.48*	*0.91*	*0.39*	*1.20*	*0.42*	*0.46*	*1.23*	*0.32*	*1.08*	*0.82*	*0.69*	*0.98*	*0.44*
Ease of Access to Doctor																
Very Satisfied	22.50	15.26	24.31	19.20	17.45	20.94	15.27	27.59	22.72	20.76	25.24	13.72	18.46	15.85	16.19	16.45
	0.71	*1.67*	*1.44*	*1.25*	*1.61*	*0.98*	*1.65*	*0.91*	*1.26*	*2.69*	*0.82*	*1.29*	*1.70*	*1.67*	*2.08*	*1.03*
(Very) Unsatisfied	6.93	13.88	6.35	7.56	7.09	7.41	14.28	4.55	6.13	7.90	5.80	13.80	7.81	8.97	10.66	9.74
	0.38	*1.53*	*0.85*	*0.83*	*1.13*	*0.63*	*1.54*	*0.46*	*0.76*	*1.74*	*0.43*	*1.29*	*1.06*	*1.31*	*1.62*	*0.72*
Can Obtain Care in Some Location																
Very Satisfied	16.87	13.49	18.58	14.52	14.41	16.20	16.00	18.76	15.72	15.78	17.72	13.92	16.80	14.66	14.19	15.27
	0.62	*2.04*	*1.22*	*1.21*	*1.50*	*0.85*	*2.07*	*0.81*	*1.10*	*2.18*	*0.74*	*1.45*	*1.52*	*1.61*	*1.96*	*0.96*
(Very) Unsatisfied	6.40	11.42	6.13	5.73	4.81	6.18	15.56	5.85	5.39	2.93	6.40	10.95	5.61	6.17	4.37	6.73
	0.38	*1.87*	*0.83*	*0.74*	*0.79*	*0.54*	*1.49*	*0.50*	*0.55*	*0.91*	*0.45*	*1.14*	*0.99*	*1.31*	*1.39*	*0.75*

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1992 (2 of 2)

Community-Only Residents[1]

Meosure of Sotisfoction[2]	Totol	Lives Alone				Totol	Lives with Spouse				Totol	Lives with Children/Others				Totol
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiories (in 000s)	34,343	675	4,196	3,637	1,193	9,701	1,464	12,118	4,518	583	18,684	1,255	2,292	1,662	749	5,958
	98	*33*	*125*	*89*	*46*	*136*	*41*	*136*	*95*	*31*	*148*	*41*	*96*	*65*	*38*	*135*
							Beneficiories as o Percent of Column Totol[3]									
							Relotionship with Primory Doctor									
Informotion from Doctor																
Very Satisfied	19.92	15.70	21.51	18.74	16.83	19.50	17.73	22.17	19.58	19.34	21.11	15.83	18.50	14.93	17.94	16.87
	0.68	*2.08*	*1.31*	*1.38*	*1.66*	*0.93*	*2.14*	*0.84*	*1.19*	*2.22*	*0.80*	*1.42*	*1.72*	*1.71*	*2.01*	*1.08*
(Very) Unsatisfied	7.13	11.91	5.01	7.26	5.65	6.41	14.84	6.03	7.16	3.79	6.92	13.62	8.40	7.48	6.20	8.96
	0.26	*1.68*	*0.71*	*0.88*	*1.00*	*0.55*	*1.44*	*0.39*	*0.71*	*1.07*	*0.32*	*1.16*	*1.09*	*1.08*	*1.26*	*0.59*
Doctor's Concern for Overoll Heolth																
Very Satisfied	21.02	18.98	21.33	20.20	18.05	20.34	21.85	22.87	20.29	21.21	22.11	18.77	18.52	18.50	19.39	18.67
	0.60	*2.16*	*1.14*	*1.41*	*1.77*	*0.79*	*1.97*	*0.76*	*1.20*	*2.44*	*0.76*	*1.59*	*1.62*	*1.87*	*2.27*	*1.03*
(Very) Unsatisfied	6.26	11.22	6.32	6.44	4.08	6.42	11.65	5.46	5.08	3.82	5.80	12.27	7.88	4.88	3.89	7.46
	0.28	*1.65*	*0.76*	*0.80*	*0.84*	*0.47*	*1.35*	*0.47*	*0.63*	*1.19*	*0.36*	*1.12*	*1.22*	*0.83*	*1.01*	*0.55*
							Cost of Core									
Cost																
Very Satisfied	13.80	12.66	14.44	12.89	10.52	13.26	10.89	15.65	13.89	10.98	14.71	12.78	10.94	12.28	12.01	11.83
	0.55	*1.76*	*1.14*	*1.13*	*1.31*	*0.80*	*1.67*	*0.73*	*0.99*	*1.85*	*0.64*	*1.26*	*1.22*	*1.60*	*1.95*	*0.87*
(Very) Unsatisfied	21.63	26.56	18.59	21.03	17.69	19.93	42.78	20.31	20.18	20.12	22.02	27.70	22.29	22.32	20.23	23.17
	0.55	*2.67*	*1.54*	*1.06*	*1.76*	*0.90*	*2.00*	*0.76*	*1.17*	*2.34*	*0.63*	*1.42*	*1.72*	*1.78*	*2.40*	*0.90*

Source: Medicare Current Beneficiary Survey

Note: Standord errors ore in blue and italics. See Appendix A for additional informotion on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the yeor in a long-term core focility, ond beneficiories who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were token from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 Column percentoges do not sum to 100 percent because the responses to "sotisfied" ond "no experience" are excluded from the table for all satisfaction variables.

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1992 (1 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	Total[3]	Indicators of Good Health			Indicators of Poor Health		
		Excellent/Very Good Health	No Functional Limitations[4]	Both Indicators	Fair/Poor Health	Three to Five ADLs[5]	Both Indicators
Beneficiaries (in 000s)	34,343	14,624	19,058	11,187	9,750	2,569	1,778
	98	*224*	*215*	*196*	*202*	*111*	*84*
	Beneficiaries as a Percent of Column Total						
	Access to Care						
Usual Source of Care							
None[6]	9.55	12.45	11.64	13.13	6.51	6.61	5.87
	0.35	*0.54*	*0.52*	*0.62*	*0.48*	*1.01*	*1.05*
Doctor's office	68.34	66.75	66.88	65.29	69.00	69.38	68.89
	1.24	*1.32*	*1.33*	*1.33*	*1.40*	*2.11*	*2.50*
Doctor's clinic	9.40	9.02	9.21	9.34	8.53	8.59	8.92
	1.01	*1.00*	*1.03*	*1.00*	*0.98*	*1.68*	*1.77*
HMO[7]	4.46	5.61	5.23	6.21	3.41	2.75	2.81
	0.32	*0.47*	*0.38*	*0.54*	*0.41*	*0.65*	*0.74*
Hospital OPD/ER[8]	3.74	2.60	3.00	2.41	6.05	6.06	6.43
	0.24	*0.28*	*0.27*	*0.30*	*0.52*	*0.83*	*1.04*
Other clinic/health center	4.51	3.57	4.05	3.62	6.51	6.61	7.08
	0.24	*0.31*	*0.29*	*0.39*	*0.49*	*0.89*	*1.10*
Difficulty Obtaining Care							
Yes	4.10	1.78	1.82	1.28	8.86	13.66	16.41
	0.22	*0.21*	*0.20*	*0.20*	*0.55*	*1.18*	*1.48*
No	95.90	98.22	98.18	98.72	91.14	86.34	83.59
	0.22	*0.21*	*0.20*	*0.20*	*0.55*	*1.18*	*1.48*
Delayed Care Due to Cost							
Yes	11.80	6.20	6.77	4.81	22.16	23.25	27.25
	0.36	*0.35*	*0.35*	*0.35*	*0.92*	*1.48*	*2.00*
No	88.20	93.80	93.23	95.19	77.84	76.75	72.75
	0.36	*0.35*	*0.35*	*0.35*	*0.92*	*1.48*	*2.00*

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1992 (2 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	Total[3]	Indicators of Good Health: Excellent/Very Good Health	Indicators of Good Health: No Functional Limitations[4]	Indicators of Good Health: Both Indicators	Indicators of Poor Health: Fair/Poor Health	Indicators of Poor Health: Three to Five ADLs[5]	Indicators of Poor Health: Both Indicators
Beneficiaries (in 000s)	34,343	14,624	19,058	11,187	9,750	2,569	1,778
	98	*224*	*215*	*196*	*202*	*111*	*84*
			Beneficiaries as a Percent of Column Total				
			Continuity of Care				
Length of Association with Usual Source of Care							
No usual source[6]	9.62	12.51	11.70	13.19	6.58	6.69	5.95
	0.35	*0.54*	*0.52*	*0.62*	*0.48*	*1.02*	*1.07*
Less than 1 year	9.56	8.53	8.42	7.81	10.58	11.52	11.64
	0.31	*0.39*	*0.39*	*0.42*	*0.65*	*1.13*	*1.44*
1 to less than 3 years	17.22	16.25	16.73	16.25	17.29	19.43	18.86
	0.41	*0.53*	*0.49*	*0.59*	*0.82*	*1.71*	*1.97*
3 to less than 5 years	16.34	15.75	15.68	15.28	18.55	17.37	18.29
	0.37	*0.57*	*0.48*	*0.62*	*0.73*	*1.47*	*1.64*
5 years or more	47.26	46.97	47.47	47.48	47.00	45.00	45.25
	0.65	*0.83*	*0.78*	*0.92*	*1.09*	*1.80*	*2.10*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were taken from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 "Indicators of Good Health" and "Indicators of Poor Health" do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.

4 "No Functional Limitations" means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.

5 ADL stands for Activity of Daily Living.

6 The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care" because of differences in the number of missing responses for the two variables. See the entry *Missing values* in Appendix B for further explanation.

7 HMO stands for Health Maintenance Organization.

8 OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1992 (1 of 2)

Community-Only Residents[1]

Measure of Satisfaction[2]	Total[3]	Indicators of Good Health			Indicators of Poor Health		
		Excellent/Very Good Health	No Functional Limitations[4]	Both Indicators	Fair/Poor Health	Three to Five ADLs[5]	Both Indicators
Beneficiaries (in 000s)	34,343	14,624	19,058	11,187	9,750	2,569	1,778
	98	*224*	*215*	*196*	*202*	*111*	*84*
	Beneficiaries as a Percent of Column Total[6]						
	Quality of Care						
General Care							
Very Satisfied	33.27	42.19	36.00	42.66	24.01	23.33	21.11
	0.75	*0.92*	*0.90*	*0.97*	*0.90*	*1.40*	*1.70*
(Very) Unsatisfied	4.44	1.96	2.79	1.57	8.61	11.16	12.40
	0.21	*0.21*	*0.19*	*0.24*	*0.56*	*1.19*	*1.53*
Follow-up Care							
Very Satisfied	19.34	23.88	20.63	24.12	15.45	15.25	15.54
	0.61	*0.85*	*0.69*	*0.92*	*0.77*	*1.08*	*1.46*
(Very) Unsatisfied	3.67	2.11	2.22	1.67	6.56	8.99	9.79
	0.22	*0.22*	*0.22*	*0.25*	*0.48*	*0.93*	*1.08*
	Access/Coordination of Care						
Availability							
Very Satisfied	11.52	14.34	12.45	14.85	8.94	9.05	8.40
	0.48	*0.72*	*0.67*	*0.84*	*0.55*	*1.05*	*1.31*
(Very) Unsatisfied	4.11	2.33	2.50	1.95	7.40	11.10	14.06
	0.26	*0.29*	*0.26*	*0.30*	*0.56*	*1.11*	*1.43*
Ease of Access to Doctor							
Very Satisfied	22.50	30.71	26.87	32.41	13.38	9.78	7.79
	0.71	*0.96*	*0.88*	*1.06*	*0.78*	*0.99*	*1.11*
(Very) Unsatisfied	6.93	3.62	3.12	2.37	12.49	19.97	22.42
	0.38	*0.29*	*0.32*	*0.24*	*0.79*	*1.64*	*1.96*
Can Obtain Care in Same Location							
Very Satisfied	16.87	21.57	18.48	22.18	12.69	11.56	11.20
	0.62	*0.88*	*0.79*	*0.98*	*0.79*	*1.32*	*1.49*
(Very) Unsatisfied	6.40	4.08	4.21	3.63	10.41	14.50	16.51
	0.38	*0.40*	*0.40*	*0.51*	*0.75*	*1.38*	*1.81*

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1992 (2 of 2)

Community-Only Residents[1]

Measure of Sotisfoction[2]	Totol[3]	Indicotors of Good Health			Indicotors of Poor Health		
		Excellent/Very Good Health	No Functional Limitotions[4]	Both Indicotors	Fair/Poor Health	Three to Five ADL[5]	Both Indicotors
Beneficiories (in 000s)	34,343	14,624	19,058	11,187	9,750	2,569	1,778
	98	*224*	*215*	*196*	*202*	*111*	*84*
			Beneficiories os o Percent of Column Totol[6]				
			Relotionship with Primory Doctor				
Informotion from Doctor							
Very Sotisfied	19.92	25.91	22.03	26.46	13.66	14.10	13.32
	0.68	*0.85*	*0.79*	*0.94*	*0.81*	*1.23*	*1.41*
(Very) Unsotisfied	7.13	3.56	4.38	2.99	13.37	16.57	18.04
	0.26	*0.26*	*0.27*	*0.30*	*0.58*	*1.34*	*1.78*
Doctor's Concern for Overoll Heolth							
Very Sotisfied	21.02	26.46	22.28	26.75	16.46	18.70	17.99
	0.60	*0.83*	*0.77*	*0.96*	*0.82*	*1.35*	*1.64*
(Very) Unsotisfied	6.26	3.53	4.21	3.04	11.00	13.33	15.35
	0.28	*0.29*	*0.33*	*0.32*	*0.62*	*1.26*	*1.60*
			Cost of Core				
Cost							
Very Sotisfied	13.80	18.71	15.84	19.57	8.56	9.16	7.69
	0.55	*0.80*	*0.67*	*0.84*	*0.58*	*0.99*	*1.05*
(Very) Unsotisfied	21.63	14.78	16.45	12.95	32.14	36.46	39.62
	0.55	*0.66*	*0.65*	*0.68*	*1.10*	*1.91*	*2.54*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were taken from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 "Indicators of Good Health" and "Indicators of Poor Health" do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.

4 "No Functional Limitations" means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.

5 ADL stands for Activity of Daily Living.

6 Column percentages do not sum to 100 percent because the responses for "satisfied" and "no experience" are excluded from the table for all satisfaction variables.

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (1 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,343	4,029	4,335	10,375	11,570	1,849	2,186
	98	*129*	*151*	*244*	*263*	*101*	*110*
	Beneficiaries as a Percent of Column Total						
Usual Source of Care				Access to Care			
None[3]	9.55	19.18	10.39	8.92	7.69	7.61	4.82
	0.35	*1.17*	*0.85*	*0.59*	*0.49*	*1.10*	*0.99*
Doctor's office	68.34	52.76	62.34	75.84	74.27	81.97	30.18
	1.24	*1.55*	*1.53*	*1.78*	*1.64*	*2.18*	*2.63*
Doctor's clinic	9.40	8.45	8.80	9.85	9.53	7.12	11.44
	1.01	*1.11*	*1.06*	*1.64*	*1.17*	*1.47*	*1.32*
HMO[4]	4.46	0.00	1.85	0.18	2.85	0.00	50.32
	0.32	*0.00*	*0.37*	*0.17*	*0.50*	*0.00*	*2.63*
Hospital OPD/ER[5]	3.74	7.08	9.58	2.14	2.77	0.91	1.17
	0.24	*0.79*	*0.81*	*0.27*	*0.34*	*0.46*	*0.44*
Other clinic/ health center	4.51	12.54	7.04	3.06	2.88	2.38	2.07
	0.24	*1.06*	*0.62*	*0.35*	*0.28*	*0.69*	*0.59*
Difficulty Obtaining Care							
Yes	4.10	9.71	9.89	2.18	2.19	2.13	3.28
	0.22	*0.78*	*0.92*	*0.25*	*0.26*	*0.62*	*0.75*
No	95.90	90.29	90.11	97.82	97.81	97.87	96.72
	0.22	*0.78*	*0.92*	*0.25*	*0.26*	*0.62*	*0.75*
Delayed Care Due to Cost							
Yes	11.80	29.20	16.74	9.76	7.97	5.89	5.09
	0.36	*1.27*	*1.01*	*0.51*	*0.55*	*1.03*	*0.82*
No	88.20	70.80	83.26	90.24	92.03	94.11	94.91
	0.36	*1.27*	*1.01*	*0.51*	*0.55*	*1.03*	*0.82*

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (2 of 2)

Community-Only Residents[1]

Indicator of Access to Care[2]	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,343	4,029	4,335	10,375	11,570	1,849	2,186
	98	*129*	*151*	*244*	*263*	*101*	*110*
	Beneficiaries as a Percent of Column Total						
	Continuity of Care						
Length of Association with Usual Source of Care							
No usual source[3]	9.62	19.29	10.51	8.99	7.73	7.65	4.83
	0.35	*1.17*	*0.86*	*0.59*	*0.50*	*1.11*	*0.99*
Less than 1 year	9.56	8.93	11.97	8.45	8.61	8.01	17.52
	0.31	*0.79*	*0.79*	*0.48*	*0.41*	*1.29*	*1.59*
1 to less than 3 years	17.22	17.13	20.83	16.32	15.45	14.06	26.65
	0.41	*1.23*	*1.08*	*0.67*	*0.66*	*1.42*	*1.55*
3 to less than 5 years	16.34	15.16	16.73	15.98	16.54	15.04	19.55
	0.37	*1.08*	*0.88*	*0.72*	*0.64*	*1.64*	*1.47*
5 years or more	47.26	39.49	39.96	50.26	51.68	55.23	31.44
	0.65	*1.52*	*1.28*	*1.17*	*1.04*	*2.35*	*2.25*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-termcare facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were taken from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 The percentage of responses for "none" under "Usual Source of Care" differs from the percentage of responses for "no usual source" under "Length of Association with Usual Source of Care" because of differences in the number of missing responses for the two variables. See the entry *Missing values* in Appendix B for further explanation.

4 HMO stands for Health Maintenance Organization.

5 OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (1 of 2)

Community-Only Residents[1]

Measure of Satisfaction[2]	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[3]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,343	4,029	4,335	10,375	11,570	1,849	2,186
	98	*129*	*151*	*244*	*263*	*101*	*110*
				Beneficiaries as a Percent of Column Total[4]			
				Quality of Care			
General Care							
Very Satisfied	33.27	23.11	27.19	33.90	37.14	39.24	35.40
	0.75	*1.32*	*1.34*	*1.00*	*1.07*	*2.70*	*2.32*
(Very) Unsatisfied	4.44	8.03	6.77	3.21	3.54	2.92	5.19
	0.21	*0.70*	*0.80*	*0.30*	*0.34*	*0.68*	*0.92*
Follow-up Care							
Very Satisfied	19.34	13.16	17.03	19.21	21.53	21.71	22.24
	0.61	*1.07*	*1.28*	*1.03*	*0.82*	*2.13*	*1.90*
(Very) Unsatisfied	3.67	5.81	5.38	2.83	2.83	2.18	6.08
	0.22	*0.66*	*0.67*	*0.30*	*0.29*	*0.55*	*1.06*
				Access/Coordination of Care			
Availability							
Very Satisfied	11.52	9.36	11.67	10.44	12.66	13.54	12.48
	0.48	*0.93*	*0.95*	*0.78*	*0.80*	*1.47*	*1.57*
(Very) Unsatisfied	4.11	5.16	6.16	3.89	3.18	3.21	4.81
	0.26	*0.69*	*0.64*	*0.36*	*0.33*	*0.86*	*0.81*
Ease of Access to Doctor							
Very Satisfied	22.50	13.74	14.49	23.72	26.32	26.69	24.78
	0.71	*1.05*	*1.12*	*1.06*	*0.99*	*2.11*	*2.08*
(Very) Unsatisfied	6.93	9.57	13.01	5.57	5.43	3.88	7.14
	0.38	*1.11*	*1.11*	*0.44*	*0.44*	*0.91*	*1.16*
Can Obtain Care in Same Location							
Very Satisfied	16.87	13.47	16.14	15.66	18.30	14.48	24.60
	0.62	*1.13*	*1.20*	*0.96*	*0.75*	*1.74*	*2.06*
(Very) Unsatisfied	6.40	7.00	9.17	5.59	5.99	7.47	4.87
	0.38	*0.63*	*1.17*	*0.57*	*0.49*	*1.53*	*0.92*

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1992 (2 of 2)

Community-Only Residents[1]

Measure of Satisfaction[2]	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO[3]
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	34,343	4,029	4,335	10,375	11,570	1,849	2,186
	98	*129*	*151*	*244*	*263*	*101*	*110*
			Beneficiaries as a Percent of Column Total[4]				
			Relationship with Primary Doctor				
Information from Doctor							
Very Satisfied	19.92	12.71	16.64	20.16	22.25	21.84	24.59
	0.68	*1.12*	*1.25*	*1.04*	*0.96*	*1.95*	*1.99*
(Very) Unsatisfied	7.13	10.24	9.85	6.45	5.77	4.53	8.66
	0.26	*0.75*	*0.82*	*0.46*	*0.35*	*0.85*	*1.21*
Doctor's Concern for Overall Health							
Very Satisfied	21.02	14.87	18.31	20.57	23.43	24.81	23.76
	0.60	*1.02*	*1.15*	*1.02*	*0.92*	*2.12*	*1.75*
(Very) Unsatisfied	6.26	8.05	8.94	5.78	5.17	4.55	7.29
	0.28	*0.79*	*0.85*	*0.50*	*0.43*	*0.99*	*0.96*
			Cost of Care				
Cost							
Very Satisfied	13.80	7.23	17.00	9.62	16.25	14.12	26.14
	0.55	*0.81*	*1.19*	*0.73*	*0.83*	*1.56*	*2.00*
(Very) Unsatisfied	21.63	33.21	17.53	25.25	18.30	17.18	12.72
	0.55	*1.33*	*1.29*	*0.94*	*0.73*	*1.70*	*1.42*

Source: Medicare Current Beneficiary Survey

Note: Standard errors are in blue and italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 4 (i.e., the 1992 Access to Care Public Use File) were taken from their Round 1 interview (i.e., the 1991 Access to Care Public Use File) or from their Round 7 interview (i.e., the 1993 Access to Care Public Use File).

3 HMO stands for Health Maintenance Organization.

4 Column percentages do not sum to 100 percent because the responses to "satisfied" and "no experience" are excluded from the table for all satisfaction variables.

APPENDIX A

TECHNICAL DOCUMENTATION FOR THE MEDICARE CURRENT BENEFICIARY SURVEY

OVERVIEW

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of aged and disabled Medicare beneficiaries sponsored by the Health Care Financing Administration (HCFA). In 1992, the sample included approximately 14,400 beneficiaries residing in households and long-term care facilities.[1] The survey provides comprehensive data on health and functional status, health care expenditures, and health insurance for demographic and socioeconomic subgroups of Medicare beneficiaries. A key feature of the survey is its longitudinal design, following sample persons over time. Each sample person is interviewed three times a year over 4 years, regardless of whether he or she resides in the community or a facility, or transitions between community and facility settings. (See Adler (1994) for a description of the MCBS.)

Sample Design

The target population consists of aged and disabled beneficiaries enrolled in Medicare Part A (hospital insurance) or Part B (medical insurance), or both, and residing in households or long-term care facilities in the United States and Puerto Rico. Sample persons were selected from Medicare enrollment files to be representative of the Medicare population as a whole and the following age groups: under 45, 45 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 and over. The sample was selected by using a stratified, multistage area probability sample design. Three stages of selection were used in sampling beneficiaries: (1) selection of a nationally representative stratified sample of 107 primary sampling units (PSUs) consisting of metropolitan statistical areas or clusters of nonmetropolitan counties; (2) selection of ZIP Code clusters within sample PSUs; and (3) selection of beneficiaries within the sampled ZIP Code clusters.

The final sample contains complete annual health care cost and use data for over 13,000 beneficiaries. The sample is supplemented annually during the September-December interview period to compensate for sample attrition (e.g., deaths, disenrollments, or refusals) and to represent newly enrolled beneficiaries. To ensure that annual samples yield enough persons with long-term care facility stays to produce reliable estimates, two groups of enrollees likely to have long-term care facility stays are oversampled: disabled persons under age 65 and very old persons age 80 and over.

Survey Operations

Field work on the MCBS is conducted for HCFA's Office of the Actuary by Westat, Inc., a survey research firm with offices in Rockville, Maryland. Data collection for Round 1 began in September 1991 and was completed in December 1991. Subsequent rounds of data collection, which involve reinterviewing the same sample persons (or their proxies), begin every 4 months. Interviews are conducted regardless of whether the sample person resides at home or in a long-term care facility, using the version of the questionnaire appropriate to the setting.

In 1992, data were collected from 13,039 beneficiaries for the Cost and Use file. The sample included 11,862 persons who lived in the community for the entire year, 929 persons who lived in long-term care facilities for the entire year, and 248 persons who lived part of the year in the community and part of the year in a long-term care facility. Interview strategies and survey instruments used to collect data are described below.

Repeat Interviews. The MCBS is a longitudinal panel survey, with sample persons interviewed three times a year over 4 years to form a continuous profile of their health care experience.[2] The design allows MCBS data users to track changes in insurance coverage and other personal circumstances. For example, users can observe processes such as persons moving from their homes to long-term care facilities, or persons in communities spending down their assets on health care.

[1] Beneficiaries living in households are referred to as community residents in this sourcebook.

[2] This sourcebook is the first in a series of reports on these beneficiaries.

The Community Interview. Sample persons in the community are interviewed through computer-assisted personal interviewing (CAPI) survey instruments. The CAPI program automatically guides the interviewer through questions, records the answers, and compares beneficiary responses to edit specifications for accuracy and relationships to other responses. CAPI improves data collection and lessens the need for after-the-fact editing and corrections. It guides the interviewer through complex skip patterns and inserts followup questions where key data are missing from the previous round. When the interview is completed, CAPI allows the interviewer to transmit the data by telephone to the home office computer.

The interviews yield a time series of data on utilization of health services, medical care expenditures, health insurance coverage, sources of payment for health services, health status and functioning, and beneficiary information such as income, assets, living arrangement, family assistance, and quality of life. To improve the accuracy of the data, respondents are requested to record medical events on calendars provided by the interviewer, and they are also asked to save Explanation of Benefit forms from Medicare, as well as receipts and statements from private health insurers. To assist in reporting data on prescription medicines, respondents are asked to bring to the interview bottles, tubes, and prescription bags provided by the pharmacy.

An effort is made to interview each sample person directly. However, each sample person is asked to designate a potential proxy, usually a family member or close acquaintance, in case he or she is physically or mentally unable to do the interview. On average, about 12 percent of the community interviews in each round are conducted by proxy. The following instruments are used in community interviews:

- ***The Baseline Questionnaire:*** Collects health insurance, household composition, health status, access to and satisfaction with medical care, and demographic and socioeconomic information for supplemental sample beneficiaries living in household units in the community. Selected information from this questionnaire—primarily health status, and access to and satisfaction with care—is updated annually for continuing sample persons living in the community using *The Community Supplement to the Core Questionnaire*. Additional supplemental questions are added to the core questionnaire in various rounds to gather information about specific topics, including detailed information about the sample person's income and assets in the spring-summer round of data collection.

- ***The Community Core Questionnaire:*** Collects detailed health insurance, medical care use, and charge and payment information. This questionnaire is asked in every round but the initial one.

The Facility Interview. MCBS interviews of persons in long-term care facilities use a similar but shortened version of the community instrument. A long-term care facility is defined as having three or more beds and providing long-term care services throughout the facility or in a separately identifiable unit. Types of facilities participating in the survey include nursing homes, retirement homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled.

If an institutionalized person returns to the community, a community interview is conducted. If he or she spends part of the reference period in the community and part in an institution, a separate interview is conducted for each period of time. Hence, a beneficiary can be followed in and out of facilities, and a continuous record is maintained regardless of where the person resides.

Because long-term care facility residents often are in poor health and many facility administrators prefer that patients not be disturbed, the survey collects information about institutionalized patients from proxy respondents affiliated with the facility. Nurses or other primary care givers usually respond to questions about physical functioning and medical treatment of the sample person. Billing office workers usually respond to questions about charges and payments.

Traditional pencil and paper techniques, rather than CAPI, are used to collect data for persons in long-term care facilities. Plans are underway to convert the facility instruments to CAPI in 1997. The following instruments are used in facility stay interviews:

- *The Facility Screener:* Collects information on facility characteristics such as type of facility, size, and ownership. It is used during the initial interview, and in each fall round thereafter.

- *The Baseline Questionnaire:* Collects information on health status, insurance coverage, residence history, and demographics for supplemental sample beneficiaries in facilities and new admissions from the continuing sample. Selected information from this questionnaire—primarily health status—is updated annually for continuing sample persons residing in facilities using an abbreviated version, *The Facility Supplement to the Core Questionnaire*.

- *The Facility Core Questionnaire:* Collects facility use data and charge and payment information. This questionnaire is asked in every round but the initial one.

MCBS PUBLIC USE FILES

To date, HCFA has released public use files (PUFs) on access to care for calendar years 1991 through 1995, and on cost and use for calendar year 1992. The Access to Care PUFs contain information on access to and satisfaction with care, health status and functioning, and demographic and socioeconomic characteristics of the sample population. Access to Care files also contain claims for Medicare-covered services, but the claims data are not matched to survey-reported information on the cost and use of health care services. The 1992 Cost and Use file, on the other hand, is an annual file containing survey data for all medical services received in calendar year 1992, with linkages to Medicare claims. It also contains most of the Access to Care information.

Cost and Use

The 1992 Cost and Use file is the first in an annual series of files that will contain comprehensive data on the cost and use of medical services by the Medicare population.[3] It links Medicare claims to survey-reported events, and provides complete expenditure and source of payment data on all health care services, including those not covered by Medicare. Expenditure data were developed through a reconciliation process that combines information from survey respondents and Medicare administrative files. The process produces a comprehensive picture of health services received, amounts paid, and sources of payment. The file can support a broader range of research and policy analyses on the Medicare population than would be possible using either survey data or administrative claims data alone.

The strength of the file stems from the integration of information that can be obtained only from a beneficiary, and Medicare claims data on provider services and covered charges. Survey-reported data include information on the use and cost of all types of medical services, as well as information on supplementary health insurance, living arrangements, income, health status, and physical functioning. Medicare claims data includes use and cost information on inpatient hospitalizations, outpatient hospital care, physician services, home health care, durable medical

[3] Detailed documentation of the CY 92 Cost and Use file is available from the Health Care Financing Administration, Office of the Actuary, Office of National Health Statistics, in Baltimore, Maryland.

equipment, skilled nursing home services, hospice care, and other medical services.

File Structure

The Cost and Use file contains information on nine types of services: dental, facility stays, institutional utilization, inpatient hospital stays, outpatient hospital care, physician/supplier services, hospice care, home health care, and prescription drugs. As an aid to file users, the data have been provided at the event-level, the type-of-service level, and the person-level. The hierarchical structure allows analysts to use the appropriate file level for their research, avoiding the need to process all the detailed event records in the file. For example, differences in per capita health spending between men and women can be analyzed directly from person-level summary records. Similarly, differences in hospital stays by race can be analyzed directly from type-of-service summary records. Event-level records would be used for more detailed analyses; e.g., comparisons of average length of long-term facility stays or average reimbursements per prescription drug. The content of each level of data is briefly described below.

Event-level data. The event-level data consists of separate files for each of the nine event types in the Cost and Use file, except hospice care and home health care. For each event in a file, cost and sources of payment are shown. Charge and payment data have been edited and imputed, if necessary, to make a complete payment picture for each event. Hospice care and home health care are not shown at the event-level because these two service categories were created from Medicare claims data at the type-of-service level. There are a total of 505,952 records in the seven event-level files.

Type-of-service summary data. The type-of-service summary file includes a record for each of the nine service categories in the Cost and Use file. The file contains a summary of all payers, costs, and use for each sample person at the type-of-service level, for a total of 177,351 records. Within each type-of-service record, separate payer amounts are shown for the 11 payer categories in the Cost and Use file. Payer totals are shown two ways: as the sum of event-level payments and in adjusted form. Adjusted payments are necessary because some sample persons had gaps in their coverage (e.g., a respondent missed an interview during the year). To account for information that was not reported for the gap periods, payer amounts were adjusted for differences in Medicare-covered days and days covered by the interview reference periods. Most of the adjustments were for services not covered by Medicare, since HCFA's administrative files have claims for covered services provided to fee-for-service beneficiaries during gap periods.

Person-level summary data. The person-level summary file has one record for each of the 13,039 sample persons in the 1992 Cost and Use file. Payments by source have been summarized across service categories to show one total for each type of service and one total for each source of payment. Again, payment amounts are shown as totals from the event-level files and in adjusted form. This sourcebook uses the adjusted amounts.

The Sample

The original MCBS sample included Medicare beneficiaries who resided in the United States or Puerto Rico on January 1, 1991, and who were enrolled in one or both parts of Medicare at the time of their Round 1 interview. Round 1 was fielded from September through December of 1991. Except for a small number of individuals who died or whose coverage terminated subsequent to their interview, the overwhelming component of this group was the "always-enrolled" 1991 population. The group consists of persons who had enrolled in Medicare by January 1, 1991, and were still covered by Medicare on December 31, 1991. Selected data on the Round 1 always-enrolled sample were released as the CY 1991 Access to Care file.

The always-enrolled concept also was used to determine the sample populations in the Access to Care releases for calendar years 1992, 1993, and 1994. Official Medicare program statistics, however, usually cover all persons entitled to Medicare during the year, including those entitled for all or part of the year, as well as beneficiaries who died during the year. This mix of continuing enrollees, accretions, and terminations is referred to as the "ever-enrolled" population, or everyone who was enrolled in Medicare for any period during the year.

Special steps were taken to expand sample coverage in the 1992 Cost and Use file to all beneficiaries who were ever enrolled during 1992. The steps were necessary because Cost and Use files will be used in analyses involving total and per capita expenditures on health care by the entire Medicare population. Omitting part-year enrollees and persons who died in 1992 could substantially bias the results of these analyses.

To develop the ever-enrolled population in 1992, supplemental samples were used to add part-year beneficiaries to the Cost and Use file. A supplemental sample is drawn each year to account for growth in the Medicare population and to replace survey persons who died or left the survey during the previous year. Sample replenishment is used primarily to ensure that each calendar year file adequately represents the entire Medicare population, but it also can be used to identify new sample persons who were covered by Medicare in the sample year but were missing from the original sampling list. Beneficiaries from supplemental samples in Rounds 4 and 7 were added to the always-enrolled population from the Round 1 sample to create an ever-enrolled population for calendar year 1992.

The supplemental sample for Round 4 (September-December 1992) added persons to the sample primarily to represent those newly enrolled in 1991. The supplemental sample for Round 7 (September-December 1993) added persons to the sample primarily to represent those newly enrolled in 1992. This makes the 1992 Cost and Use file a composite of sample persons from the original sample and the Round 4 and 7 supplemental samples. It includes persons who were (1) continuously enrolled from January 1, 1991, (2) newly enrolled in 1991, or (3) newly enrolled in 1992. The number of persons in each group is shown in Table A-1, where newly enrolled beneficiaries in 1991 and 1992 are referred to as "accretes."[4]

Table A-1 1992 Cost and Use File Sample

Sample Status	Number of Persons
1991 Panel	11,099
1991 Accretes	640
1992 Accretes	1,300
Total Sample	13,039

Newly enrolled sample persons from Rounds 4 and 7 are colloquially referred to as "ghosts" because they did not become eligible for Medicare in time to be selected as part of the sample that received all three 1992 interviews. Thus the sample persons who represent 1991 and 1992 accretes (i.e., beneficiaries who were newly enrolled in Medicare in either 1991 or 1992) have incomplete or missing survey data for 1992.

Utilization data for ghosts are included in the 1992 Cost and Use file at the type-of-service and person summary levels, even though they were not interviewed until late 1992 (Round 4) if they were new Medicare enrollees in 1991, or late 1993 (Round 7) if they were new Medicare enrollees in 1992. While survey data on service use and costs were not available for ghosts, complete profiles of Medicare-covered service use by fee-for-service ghosts were available from administrative bill files. To estimate total service use and costs for the entire sample, ghosts were matched to donor beneficiaries in the

[4] Table A-1 makes it appear that new enrollments in 1992 were about twice the number in 1991. This is not the case. The Round 4 and 7 supplements were approximately the same size, but 1992 accretes were selected at a higher rate than 1991 accretes.

1992 file based on common Medicare use profiles. The donor records were used to impute noncovered services for fee-for-service ghosts and all services for Medicare risk HMO ghosts.[5] This imputation process provided estimates of missing cost and use data for the ever-enrolled population in the 1992 Cost and Use summary files.

Access to Care or Cost and Use Data?

The Cost and Use file is more comprehensive than the previously released Access to Care files because it contains the always-enrolled population, as well as persons entering or leaving the Medicare program during the year. The latter group of beneficiaries is essential in producing accurate estimates of total expenditures because it includes beneficiaries who died during the year. Tabulations of Medicare claims for the MCBS sample, for example, show that persons who died in the year represent less than 5 percent of the Medicare population, but they account for more than 15 percent of Medicare payments. On average, persons who died during the year have spending levels over four times higher than persons continuously enrolled for the entire year.

Another difference between the two files relates to the reporting of expenditures on health care. The Access to Care files contain only Medicare-covered service data, even though Medicare has been estimated to cover less than one-half of the average health care expenses of its enrollees (Waldo et al., 1989). The Cost and Use file, in contrast, includes expenditures on all health care services, whether or not they are covered by Medicare. Two prominent expenditure categories not covered by Medicare are prescription drugs and long-term facility care.

Users whose analyses require the entire Medicare population or all health care services should use the Cost and Use file rather than the Access to Care files. Users who are interested in the continuously enrolled Medicare population or Medicare-covered services only may prefer to use the Access to Care files. In addition, the latter set of files can be used for some types of longitudinal analyses that cannot be performed with cost and use data.

Users are cautioned in mixing data from the two types of files to estimate change over time. For example, 1992 Cost and Use file data on health status should not be compared to 1993 Access to Care file information since the results will be confounded by differences in the two populations. Unless the two files are subset to a common set of sample persons and appropriate weights are assigned, it would be difficult, if not impossible, to determine whether health status had changed over time.

Response Rates and Missing Data

The sample for the 1992 Cost and Use file originally contained 14,397 beneficiaries from Round 1 who survived until 1992, 1,095 beneficiaries from Round 4 who were not eligible for the original sample because they enrolled in Medicare after the original sampling list was developed, and 1,183 beneficiaries from Round 7. The overall response rate was 78 percent for a final sample of 13,039 persons. Response rates for the three samples are shown in Table A-2.

Table A-2 1992 Cost and Use File Sample Response Rates

Panel	Sample Size	Respondents	Response Rate
Round 1	14,397	11,099	77%
Round 4	1,095	960	88%
Round 7	1,183	980	83%
Total	16,675	13,039	78%

As in any survey, some respondents did not supply answers to all questions. Item nonresponse rates are low in the 1992 Cost and

[5] Medicare risk HMO contractors do not submit claims to Medicare. As a result, Medicare does not have a record of covered or noncovered services provided to beneficiaries in these plans.

Use file, but analysts still should be aware of missing data. For example, the number of missing responses and item nonresponse rates for several variables are shown in Table A-3.

Table A-3 Item Nonresponse for Selected Variables

Variable	Missing	Percent of Total
Race/Ethnicity	45	0.3%
Education	481	3.7%
Marital Status	25	0.2%
Gender	0	0.0%
Age	0	0.0%
General Health	34	0.3%

Since data for most variables are fairly complete, imputations were kept to a minimum in the 1992 Cost and Use file. Each user can decide how to handle missing data. A simple approach is to delete records with missing data, but the cumulative effect of deleting each record with missing data can significantly reduce the data available for analysis. Other approaches would be to create an "unknown" or "missing" category within each variable distribution or to assume the distribution of missing data is the same as that of reported data. The latter approach was often used in creating tables for this sourcebook.

Another alternative for handling cases with missing data is to impute the missing values. This approach was used to create complete information on beneficiary income and expenditures for health care in the Cost and Use file. Imputations were performed on these variables because income and expenditure data are key elements of the file. In imputing the expenditure data, all partial information from survey respondents was preserved to the extent possible, and health insurance data from the survey and Medicare administrative files were used to identify potential payers. Analytic edits and hot deck methods were used to estimate missing payments and charges.[6]

COST AND USE FILE STATISTICS

The 1992 Cost and Use file contains a cross-sectional weight for each of the 13,039 beneficiaries in the data set. These weights reflect the overall selection probability of each sample person, including adjustment for survey nonresponse and post-stratification to control totals based on accretion status, age, sex, race, region, and metropolitan area status. The weights inflate the sample to the ever-enrolled Medicare population in 1992, and were used in producing all tables in this sourcebook. In general, the weights should be used to estimate population totals, percentages, means, and ratios.

Sampling Error

Sampling error refers to the expected squared difference between a population value (a parameter) and an estimate derived from a sample of the population (a statistic).[7] Because the MCBS is a sample of Medicare beneficiaries, statistics derived from the sample data are subject to sampling error. The error reflects chance differences between estimates of a population parameter that would be derived from different samples of the Medicare population. Nearly any MCBS estimate of a population parameter (e.g., a percentage, mean, ratio, or count of persons or events) would be affected by the sampling error.

Standard errors have been calculated for all statistics reported in Chapter 5 of this sourcebook in order to assess the impact of sampling variability on the accuracy of the estimates. Data from Table 2.1 of this sourcebook, for example, indicate that 16.07 percent of all Medicare beneficiaries are in excellent health. The

[6] Technical Appendix B of the 1992 Cost and Use file documentation details the imputation methods used to complete the expenditure data.

[7] This discussion ignores errors caused by factors such as imperfect selection; bias in response or estimation; and errors in observation, measurement, or recording.

standard error of this estimate (0.51 percent) can be used to assess its statistical reliability by constructing a confidence interval that would contain the true value of the population parameter with some given level of confidence.

The confidence interval can be viewed as a measure of the precision of the estimate derived from sample data. For example, an approximate 95 percent confidence interval for statistics in this sourcebook can be calculated by using the formula

$$\pi = P \pm 1.96 \times (\text{estimated standard error}),$$

where π is the unknown population proportion and P is the calculated (weighted) sample proportion. Based on this formula, the approximate 95 percent confidence interval for the estimated proportion of Medicare beneficiaries in excellent health is 16.07 percent plus or minus 1.00 percent. This is a relatively "tight" confidence interval, suggesting that the MCBS data provide a reliable estimate of the true proportion of beneficiaries in excellent health. The chances are about 95 in 100 that the true population proportion falls between 15.07 percent and 17.07 percent.

Another measure of statistical reliability is the relative standard error (RSE) of an estimate. The RSE of an estimate x is calculated by dividing the standard error of the estimate, SE(x), by the estimate, and expressing the quantity as a percent of the estimate, i.e.,

$$RSE = 100\left(\frac{SE(x)}{x}\right).$$

Using data from the previous example, the RSE of the estimated proportion of Medicare beneficiaries in excellent health is 3.17 percent (100 x (0.51/16.07)). An RSE of this magnitude would suggest that the estimate is statistically reliable. Statistical reliability of an estimate decreases as the RSE increases.

Many of the statistics in this sourcebook are presented by subgroup, some of which are based on relatively small sample sizes. Estimates for these small subgroups can be subject to very large sampling errors. Therefore, it may be desirable in some instances to combine such subgroups with a similar group for analysis purposes. For example, if X_s is an estimated total for the small subgroup, and X_t is the corresponding estimate for the group with which it is combined, then the combined estimate, X_c, is given by $X_c = X_s + X_t$, and the standard error of the combined estimate ($SE(X_c)$) can be approximated as

$$SE(X_c) = \sqrt{[SE(X_s)]^2 + [SE(X_t)]^2},$$

where $SE(X_s)$ and $SE(X_t)$ are the standard errors of X_s and X_t, respectively.

The above approximation applies to estimated totals and should *not* be used for combining estimates of means or ratios. For the latter types of estimates, the appropriate formula must include terms representing the proportion of the population that is represented by each of the two component estimates. For example, if Y_s and Y_t are the estimated means for the two subgroups to be combined, then the combined estimate, Y_c, is given by the formula

$$Y_c = P_s Y_s + (1 - P_s) Y_t,$$

and the standard error of Y_c can be approximated by

$$SE(Y_c) = \sqrt{[P_s SE(Y_s)]^2 + [(1 - P_s) SE(Y_t)]^2},$$

where P_s is the proportion of the combined group that is included in the subgroup *s*. It should be noted that both forms of the

standard error given above are approximations that may understate the true standard error of the combined estimate.

Confidence intervals and relative standard errors can be calculated for all statistics derived from MCBS data (e.g., totals, percentages, means, ratios, and regression coefficients). The following section provides a brief explanation of the method used to compute the standard errors for MCBS estimates.

Variance Estimation (Using the Replicate Weights)

The standard errors reported in Chapter 5 of this sourcebook reflect the complexity of the MCBS sample design. In many statistical packages, the procedures for calculating variances assume that the data were collected in a simple random sample. Procedures of this type are not appropriate for calculating variances for statistics based on a stratified, unequal-probability, multistage sample such as the MCBS. They could produce overestimates or, more likely, underestimates of the true sampling error.

Because the MCBS has a complex design, standard errors in the sourcebook tables were estimated with WesVarPC, a statistical software package that accounts for survey design. Estimates of standard errors from WesVarPC are produced using "replication" methods. The basic idea behind the replication approach is to use variability among selected subsamples, or replicates, to estimate the variance of the "full-sample" statistics. These methods provide estimates of variance and standard errors for complex sample designs that reflect weighting adjustments such as those implemented in the MCBS. Replication techniques can be used where other methods are not easily applied, and they have some advantages even when other methods can be used.

Replicate weights for MCBS data have been computed using Fay's variant of Balanced Repeated Replication (BRR). BRR is generally used with multistage, stratified sample designs in which two PSUs are sampled within each stratum, possibly with unequal probabilities of selection. The replicate samples are half-samples formed by selecting one of the two PSUs from each stratum. For BRR, the weights for units in the selected PSUs in each half-sample are doubled and the weights for units in the nonselected PSUs are set to zero. Each replicate consists of a different half-sample; however, it is not necessary to form all possible half-sample replicates, since the information from all possible replicates can be captured by using a smaller number of "balanced" half-samples. Fay's method is a variant of BRR, in which the sample weights are adjusted by factors between 0 and 2. With a judicious choice of the perturbation factor, Fay's method provides good estimates of standard errors for a variety of statistics. (See Judkins (1990) for more information on Fay's method.)

Replicate weights in the 1992 Cost and Use file are named C92WT1...C92WT100. These replicate weights can be used in WesVarPC (the PC version) or WesVar (the mainframe version) to estimate standard errors for MCBS variables. WesVar is available from Westat at no charge. Documentation is provided with the program, and statisticians are available at Westat via telephone to answer questions about WesVar. A copy of WesVar for IBM PCs (WesVarPC) can be obtained by submitting a request to WESVAR@WESTAT.COM. WesVar is also available for an IBM VMS SAS environment or a VAX VMS SAS environment. To obtain copies of the programs and the WesVar Users' Guide, send requests to:

Marilyn Rowen
Westat, Inc.
1650 Research Blvd., Rockville, Maryland 20850-3129
telephone (301) 251-4232.

An alternative to WesVar is for the user to write a small custom program using a very simple algorithm. If X_0 is an estimate of a parameter of interest formed using the full-sample weights and $X_1,\ldots,X_{100}$ are estimates (calculated by the user) of the same statistic using the corresponding 100 replicate weights, then the estimated variance of X_0 is

$$Var(X_0) = \frac{2.04}{100} \sum_{i=1}^{100} (X_i - X_0)^2 \ .$$

A third option is to use another software package such as SUDAAN (Professional Software for SUrvey DAta ANalysis for Multi-stage Sample Designs) to compute population estimates and the associated variance estimates. Two variables, SUDSTRAT and SUDUNIT, have been included in the 1992 Cost and Use file for users of SUDAAN.

Additional technical questions concerning WesVar or other aspects of MCBS data and public use files may be directed to:

Adam Chu at Westat, telephone (301) 251-4326, or
Gary Olin at Westat, telephone (301) 517-4149.

To obtain copies of any of the Access to Care Public Use Files or the 1992 Cost and Use Public Use File, send requests to:

Bill Long
Office of the Actuary, N3-02-02
Health Care Financing Administration
7500 Security Blvd., Baltimore, Maryland 21244-1850
telephone (410) 786-7927.

APPENDIX

B DEFINITIONS OF TERMS AND VARIABLES

Activities of daily living (ADLs): Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. If a sample person performed an activity only with help from another person, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

Arthritis: The category arthritis includes rheumatoid arthritis, osteoarthritis, and other forms of arthritis.

Balance billing: In the Medicare program, the practice of billing a Medicare beneficiary in excess of Medicare's allowed charge is known as balance billing. The balance billing amount is the difference between Medicare's allowed charge and the provider's actual charge to the patient.

Capitation payment: A capitation payment is a predetermined, per-member, per-month payment from the Medicare program to risk health maintenance organizations (HMOs) (see *health maintenance organization)*. Risk HMOs use the capitation payment to finance all necessary Medicare-covered services provided to Medicare beneficiaries enrolled in the HMO. The amount paid for each Medicare enrollee does not depend on the actual cost of services provided to the individual.

Chronic conditions: Chronic conditions consist of heart disease, hypertension (high blood pressure), diabetes, arthritis, osteoporosis, broken hip, pulmonary disease, stroke, Parkinson's disease, and urinary incontinence that occurs once a week or more often. The question about a condition (except for urinary incontinence) was coded as a positive response if the sample person reported ever being diagnosed with the condition, even if the condition had been corrected by time or treatment. Missing values for this variable were treated differently from other variables. A missing value for any of the conditions was treated as a negative response for that condition.

Claim-only event: A claim-only event is a medical service or event known only through the presence of a Medicare claim. The event did not originate from, and was not matched to, an event or service reported by a sample person during an interview.

Coinsurance: A coinsurance is the percentage of covered hospital or medical expense, after subtraction of any deductible, for which an insured person is responsible. For example, after the annual deductible has been met, Medicare will generally pay 80 percent of approved charges for services and supplies covered under Medicare Part B. The remaining 20 percent of the approved charge is the coinsurance amount, for which the beneficiary is liable.

Copayment: A copayment is a form of cost-sharing whereby the insured pays a specific amount at the point of service or use (e.g., $10 per doctor visit).

Cost-sharing liability: Cost-sharing is the portion of payment to a provider of health care services that is the liability of the patient. Cost-sharing liabilities include deductibles, copayments, coinsurance, and balance billing amounts.

Deductible: A deductible is an initial expense of a specific amount of approved charges for covered services within a given time period (e.g., $75 per year) payable by an insured person before the insurer assumes liability for any additional costs of covered services. For example, from the first day through the 60th day of an inpatient

hospital stay in 1992, Medicare Part A paid for all covered services except for the first $652. The $652 constituted the inpatient hospital deductible.

Dental service: The basic unit measuring use of dental services is a single visit to the dentist, at which time a variety of services, including cleaning, x-rays, and an exam, might be rendered.

End-stage renal disease (ESRD): End-stage renal disease is that state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

Fee-for-service payment: Fee-for-service is a method of paying for medical services in which each service delivered by a provider bears a charge. This charge is paid by the patient receiving the service or by an insurer on behalf of the patient.

Functional limitations: Sample persons who reported no limitations in any of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to health problems were included in the category "none." Sample persons with limitations in at least one IADL, but no ADL, were included in the category "IADL only." Sample persons with ADL limitations were categorized by the number of limitations (1 to 2, 3 to 5) regardless of the presence or number of IADL limitations. Sample persons who were administered a community interview answered questions about their functional limitations themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's functional limitations for long-term care facility interviews.

Health maintenance organization (HMO): An HMO provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons, for a fixed capitation payment (see *capitation payment)*. The term "Medicare HMO" includes all types of HMOs that contract with Medicare, encompassing risk HMOs, cost HMOs, and health care prepayment plans (HCPPs). Risk HMOs are paid on a capitation basis to provide Part A and Part B services to Medicare enrollees. Cost HMOs are paid by Medicare on a reasonable cost basis to provide Part A and Part B services to Medicare enrollees. HCPPs are paid by Medicare on a reasonable cost basis to provide Part B services to Medicare enrollees.

Health status: A sample person was asked to rate his or her general health compared to other people of the same age. Sample persons who were administered a community interview answered health status questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status for long-term care facility interviews.

Heart disease: The category heart disease includes myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, problems with valves in the heart, or problems with rhythm of the heartbeat.

Income: Income is for calendar year 1992. It is for the sample person, or the sample person and spouse if the sample person was married in 1992. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income (SSI), interest, dividends, and other income sources are included. This sourcebook categorizes the continuous income variable into nine income classes.

Inpatient hospital stay: The basic unit measuring use of inpatient hospital services is a single admission. Inpatient hospital expenses include charges for an emergency room visit that resulted in an inpatient admission. If the beneficiary was still hospitalized at the end of the year, the inpatient event record is not complete; however, all inpatient stays dated through the end of 1992 are present.

Instrumental activities of daily living (IADLs): Instrumental activities of daily living are activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a sample person performed an activity only with help from another person, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews. Facility interviewers did not ask about the sample person's ability to prepare meals or perform light or heavy housework, since they are not applicable to the sample person's situation; however, interviewers did question proxies about the sample person's ability to manage money, shop for groceries or personal items, or use a telephone.

Insurance coverage: Insurance categories were derived from annual insurance coverage variables in the 1992 Cost and Use files. The annual variables indicate whether a sample person held that type of insurance at some point during 1992. Insurance categories in this sourcebook were constructed to be mutually exclusive by prioritizing insurance holdings. Medicaid coverage had the highest priority; i.e., if a sample person was eligible for Medicaid benefits at some point during 1992, the person was included in the Medicaid category, regardless of other insurance holdings during the year. Enrollment in a Medicare HMO had the second-highest priority, after Medicaid eligibility. Other public health insurance plans, including Veterans Administration eligibility or a State-sponsored drug plan, are distributed across the insurance categories according to the sample person's highest-priority insurance coverage. For example, a person eligible for Medicaid coverage who was also eligible for a State-sponsored drug plan is categorized under "Medicaid." Sixteen beneficiaries in the MCBS public use files were mistakenly deemed to be eligible for Medicare coverage during 1992, and their coverage was revoked after the error was discovered. Since they had Medicare claims during 1992, they were included as eligible beneficiaries and placed in insurance categories according to their highest-priority insurance coverage.

The categories defined below apply to community residents. Facility residents have only three insurance categories: Medicare fee-for-service only, Medicaid, and private insurance. No distinction was made during the collection of the facility data as to the source of a private health insurance plan. The three insurance categories are analogous to those defined below for community residents. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community insurance status is shown.

- ***Medicare fee-for-service only*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who did not have Medicaid coverage, private insurance, and who were not enrolled in a private or Medicare HMO at any time during 1992. However, sample persons may have had other public insurance coverage, such as a State-sponsored prescription drug plan, or may have been eligible for Veterans Administration health care benefits.

- ***Medicaid*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who were eligible for State Medicaid benefits at some point during 1992, regardless of the person's other insurance holdings.

- ***Individually-purchased private insurance*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had self-purchased private insurance plans ("Medigap" insurance), but did not have Medicaid, private

or Medicare HMO, or employer-sponsored private insurance coverage at any point during 1992.

- ***Employer-sponsored private insurance*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had employer-purchased private insurance plans, but did not have Medicaid, Medicare HMO, or self-purchased private insurance coverage at any point during 1992. Sample persons enrolled in private HMOs, who did not have Medicaid or Medicare HMO coverage at any point during 1992, were also included in this category.

- ***Both types of private insurance*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had both employer-sponsored private insurance and self-purchased private insurance, but who did not have Medicaid or Medicare HMO coverage at any point during 1992.

- ***Medicare HMO*** encompasses sample persons enrolled in any type of Medicare HMO, who were not eligible for Medicaid benefits at any point during 1992. The category includes beneficiaries enrolled in Medicare risk HMOs, Medicare cost HMOs, and health care prepayment plans (see *health maintenance organization*).

Living arrangement: For community residents, sample persons were separated into mutually exclusive categories: 1) beneficiary lives alone, 2) beneficiary lives with a spouse only, or lives with a spouse and other relatives or nonrelatives, 3) beneficiary lives with his or her children, or lives with his or her children and other relatives or nonrelatives, but does not live with a spouse, or 4) beneficiary lives with other relatives or nonrelatives, but not with his or her children or a spouse. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community residence status is shown.

Long-term care facility: The basic unit measuring use of facility services is a "stay" in a long-term care facility. Stays are measured in terms of days of residence in that facility. If the beneficiary was still in the facility at the end of the year, the stay is not complete, but all data for 1992 are present. To qualify for the survey, a long-term care facility must have three or more long-term care beds, and provide either personal care services to residents, provide continuous supervision of residents, or provide long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. Long-term care facility use and expenditures in this sourcebook include short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or created through Medicare claims data. If the beneficiary was still in the institution at the end of the year, the institutional event is not complete, but all data for 1992 are present.

Medicare home health services: Home health care services are narrowly defined in the MCBS public use files. Home health care is limited to skilled nursing services and other therapeutic services provided by a Medicare participating home health agency. In the MCBS, home health use represents events where medical care, as opposed to personal care and support, was furnished to the sample person. Medicare pays 100 percent of the approved cost of covered home health visits, and 80 percent of the approved cost of durable medical equipment.

Medicare hospice services: Hospice services are narrowly defined in the MCBS public use files. Hospice care is limited to Medicare-covered services for terminally ill individuals who have elected to receive hospice care rather than standard Medicare benefits.

Hospice services include medical, nursing, counseling, and other supportive services rendered to terminally ill people and their families. Hospice care is intended to be palliative and to improve quality of life rather than to cure disease or extend life. Almost all services provided to the hospice beneficiary are fully covered by Medicare. Two exceptions are prescribed medicines, which may have a small copayment, and inpatient respite care for which the patient pays 5 percent of the Medicare-allowed rate.

Missing values: When amounts (e.g., beneficiary counts or expenditures per beneficiary) are displayed in a table in this sourcebook, sample persons with missing responses or who belong to a category of a variable not shown in the table (e.g., "other" for the variable "race/ethnicity") are excluded from individual categories displayed, but are included in the total. When column or row percentages are displayed in a table, sample persons with missing responses are assumed to be distributed the same as reported data and are included in the percentages. That is, column or row percentages sum to 100 percent of the column or row total.

Mobility limitation: If the sample person had no difficulty at all walking a quarter of a mile, the response was coded as "no." If the sample person had a little, some, or a lot of difficulty, or could not walk a quarter of a mile, the response was coded as "yes." The response reflects whether the sample person usually had trouble walking, rather than temporary difficulty, such as from a short-term injury. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

Outpatient hospital service: For a survey-reported event, the basic unit measuring use of outpatient services is a separate visit to any part of an outpatient department or outpatient clinic at a hospital. For Medicare claim-only events, it may represent 1) a single visit; 2) multiple procedures or services within one visit; 3) multiple visits billed together. Outpatient hospital events include emergency room visits that did not result in an inpatient hospital admission.

Personal health care expenditures: Personal health care expenditures consist of health care goods and services purchased directly by individuals. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes.

- ***Total personal health care expenditures*** in this sourcebook equal the sum of expenditures by Medicare, Medicaid, private insurance, out-of-pocket, and other sources, as defined below.
  - ***Long-term care facility expenditures*** may be slightly understated in the sourcebook. The 1992 MCBS includes a small number of beneficiaries for whom facility representatives reported no or nominal expenses for the beneficiary's long-term care. Long-term care facility expenditures include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported during a community interview or created through Medicare claims data.
- ***Medicare expenditures*** equal Medicare program payments for fee-for-service beneficiaries, annual capitation payments to Medicare HMOs on behalf of enrollees, and pass-through expenses for inpatient hospital services (see definition below). They exclude reported or imputed charges for individual events reported by Medicare HMO enrollees.

Capitation payments were allocated across medical service types in the same proportions as Medicare fee-for-service payments for medical service types.

- Medicare expenditures for ***inpatient hospital services*** include pass-through expenses. Medicare's Prospective Payment System (PPS) for inpatient hospital services pays a fixed, predetermined amount per case. However, this payment excludes some hospital expenses, particularly for capital costs, that are reimbursed on a cost basis (i.e., capital costs are "passed through" for payment). In order to calculate total Medicare program payments (actual PPS case payment plus the prorated share of pass-through costs), estimated pass-through costs were added to charges for inpatient hospital events.

- Medicare expenditures for ***long-term care services*** consist of payments made by Medicare to long-term care facilities for skilled nursing or skilled rehabilitation services that are not included in any of the other event records.

- ***Medicaid expenditures*** consist of payments for services made by State Medicaid programs. Medicaid covers coinsurance amounts, copayments, deductibles, and charges for some non-Medicare covered services not paid for by other public or private insurance plans.

- ***Private insurance expenditures*** consist of payments made by individually-purchased private insurance plans and employer-sponsored private insurance plans, plus payments reported by or imputed for sample persons enrolled in private health maintenance organizations. The definition applies to community residents and part-year community/part-year facility residents. For facility residents, private insurance expenditures consist of payments made by private health insurance plans, whose sources (i.e., individual purchase or employer-sponsored) are unknown. No distinction was made during the collection of the facility data as to the source of private health insurance plans.

- ***Out-of-pocket expenditures*** consist of direct payments to providers made by the sample person, or by another person on behalf of the sample person. These payments are for coinsurance amounts, copayments, deductibles, balance billings, and charges for non-Medicare covered services not paid for by public or private insurance plans.

- ***Other source expenditures*** consist of payments made by other public health plans and private liability insurance plans. For sample persons who resided in the community, examples of other public sources of payment include State pharmaceutical assistance programs and payments for sample persons who received medical services from the Veterans Administration. For sample persons who resided in a long-term care facility, examples of other public sources of payment include payments from State, county, or community departments of mental health, State supplemental assistance and welfare programs, and Black Lung funds.

Physician/supplier services: Physician/supplier services include medical doctor, osteopathic doctor, and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment; and nondurable medical supplies. Health practitioners include audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. For survey-reported events, the basic unit measuring use of physician/supplier services is a separate visit, procedure, service, or purchase of a medical supply or medical equipment. For Medicare claim-only events, it may represent 1) a single or multiple visits; 2) a single or multiple

procedures; 3) a single or multiple services; 4) a single or multiple supplies, depending on the number of items bundled together on a single bill.

Prescription medicines: The basic unit measuring use of prescription medicines is a single purchase of a single drug in a single container. Prescription drug use is collected only for sample persons living in the community.

Pulmonary disease: The category pulmonary disease includes emphysema, asthma, and cardiopulmonary disease.

Race/ethnicity: Race and ethnic categories were recorded as interpreted by the respondent. Sample persons who reported they were white and not of Hispanic ancestry were coded as white non-Hispanic; those who reported they were black/African American and not of Hispanic ancestry were coded as black non-Hispanic; persons who reported they were of Hispanic ancestry, regardless of their race, were coded as Hispanic; persons who reported they were American Indian, an Asian or Pacific Islander, or other race and not of Hispanic ancestry were coded as other race/ethnicity. Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Ethnic groups such as Irish or Cuban were not recorded.

Residence status: Community residents are Medicare beneficiaries who lived solely in household units during 1992, referred to as "community settings" in this sourcebook, and who received community interviews only. Long-term care facility residents are Medicare beneficiaries who lived solely in a long-term care facility during 1992 (see *long-term care facility*), and who received facility interviews only. Part-year community/part-year facility residents are Medicare beneficiaries who lived part of the year in the community and part of the year in a long-term care facility, and who received both community and facility interviews. When part-year community/part-year facility residents are included in a table, their community status is shown.

Satisfaction with care: In the Chapter 5, section 5, tables, "(Very) Unsatisfied" includes a response of either "unsatisfied" or "very unsatisfied." Sample persons with responses of "satisfied" and "no experience" are not shown in the tables but are included in the total population, which constitutes the denominator for calculating percentages of persons with a given response. The questions about satisfaction with care represent the respondent's general opinion of all medical care received in the year preceding the interview.

- *General care* refers to the sample person's rating of the overall quality of medical care received. Of the 11,862 community-resident sample persons represented in the tables, 6,565 responded they were "satisfied," and 847 responded they had "no experience."

- *Follow-up care* refers to the sample person's rating of follow-up care received after an initial treatment or operation. Of the 11,862 community-resident sample persons represented in the tables, 7,044 responded they were "satisfied," and 2,018 responded they had "no experience."

- *Availability* refers to the sample person's rating of the availability of medical care at night and on weekends. Of the 11,862 community-resident sample persons represented in the tables, 4,304 responded they were "satisfied," and 5,569 responded they had "no experience."

- *Ease of access to doctor* refers to the sample person's rating of the ease and convenience of getting to a doctor from her or his residence. Of the 11,862 community-resident sample persons represented in the tables, 7,797 responded they were "satisfied," and 580 responded they had "no experience."

- ***Can obtain care in same location*** refers to the sample person's rating of his or her ability to get all medical care needs taken care of at the same location. Of the 11,862 community-resident sample persons represented in the tables, 7,605 responded they were "satisfied," and 1,399 responded they had "no experience."

- ***Information from doctor*** refers to the sample person's rating of the information given to the sample person about what was wrong with him or her. Of the 11,862 community-resident sample persons represented in the tables, 7,735 responded they were "satisfied," and 828 responded they had "no experience."

- ***Doctor's concern for overall health*** refers to the sample person's rating of the doctor's concern for her or his overall health rather than for an isolated symptom or disease. Of the 11,862 community-resident sample persons represented in the tables, 7,523 responded they were "satisfied," and 972 responded they had "no experience."

- ***Cost*** refers to the sample person's rating of the out-of-pocket costs he or she paid for medical care. Of the 11,862 community-resident sample persons represented in the tables, 6,665 responded they were "satisfied," and 848 responded they had "no experience."

Schooling: Schooling categories are based on the highest school grade completed. Education does not include education or training received in vocational, trade, or business schools outside of the regular school system.

Smoker: Smoker categories in this sourcebook are mutually exclusive. Sample persons who had never smoked were categorized as "never smoked." Sample persons who smoked previously but were not current smokers were categorized as "former smoker." Sample persons who reported they currently smoked were categorized as "current smoker." Smoking includes a period of regular smoking of cigarettes or pipes, but does not include use of other forms of tobacco, such as chewing tobacco.

Social activity limitation: If the sample person responded that health had not limited her or his social life in the past month, the response was coded as "no." If the sample person responded that health had limited her or his social life in the past month some, most, or all of the time, the response was coded as "yes." Limitations on social life include limitations on visiting with friends or close relatives, and reflect the sample person's experience over the preceding month, even if that experience was atypical. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

Source of payment: See *personal health care expenditures*.

Survey-reported event: A survey-reported event is a medical service or event reported by a sample person during an interview. The event may have been matched to a Medicare claim, or it may be a survey-only event, in which case it was not matched to a Medicare claim and is only known through the survey.

Upper extremity limitation: If the sample person had no difficulty at all reaching or extending his or her arms above shoulder level, and had no difficulty writing or handling and grasping small objects, the response was coded as "no." If the sample person had a little, some, or a lot of difficulty with these tasks, or could not do them at all, the response was coded as "yes." The response reflects whether the sample person usually had trouble reaching over her or his head or writing, rather than temporary difficulty, such as from a short-term injury. Sample

persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

Urinary incontinence: If the sample person had lost urine beyond his or her control at least once during the past 12 months, the response was coded as "yes." If the sample person was on dialysis or had a catheter, the response was coded as missing.

User rate: A user rate is defined as the percentage of beneficiaries with the given characteristics who used at least one of the relevant services during calendar year 1992. For example, the dental services user rate for persons age 85 or older who had Medicaid coverage is equal to the number of beneficiaries age 85 or older with Medicaid coverage who had at least one dental visit in 1992, divided by the total number of persons age 85 or older with Medicaid coverage.

Usual source of care: If the sample person responded that he or she did not have a particular medical person or clinic where he or she usually went for care or advice about health, the response was coded as "none." If the sample person responded that he or she did have a usual source of care, the sample person was questioned about the type of place. "Other clinic/health center" includes a neighborhood or family health center, a freestanding surgical center, a rural health clinic, a company clinic, any other kind of clinic, a walk-in urgent center, a home visit from a doctor, care in a Veterans Administration facility, a mental health center, or other place not included in the listed categories.

APPENDIX

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